



Facility Name & ID Number Lexington of Schaumburg# 0036095 Report Period Beginning: 01/01/03 Ending: 12/31/03

## III. STATISTICAL DATA

A. Licensure/certification level(s) of care; enter number of beds/bed days,  
(must agree with license). Date of change in licensed bedsN/A

	1	2	3	4	
	Beds at Beginning of Report Period	Licensure Level of Care	Beds at End of Report Period	Licensed Bed Days During Report Period	
1	<u>224</u>	Skilled (SNF)	<u>224</u>	<u>81,760</u>	1
2		Skilled Pediatric (SNF/PED)			2
3		Intermediate (ICF)			3
4		Intermediate/DD			4
5		Sheltered Care (SC)			5
6		ICF/DD 16 or Less			6
7	<u>224</u>	TOTALS	<u>224</u>	<u>81,760</u>	7

## B. Census-For the entire report period.

	1	2	3	4	5	
	Level of Care	Patient Days by Level of Care and Primary Source of Payment				
		Public Aid Recipient	Private Pay	Other	Total	
8	SNF	<u>44,446</u>	<u>3,325</u>	<u>7,000</u>	<u>54,771</u>	8
9	SNF/PED					9
10	ICF	<u>16,163</u>	<u>3,887</u>	<u>376</u>	<u>20,426</u>	10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	<u>60,609</u>	<u>7,212</u>	<u>7,376</u>	<u>75,197</u>	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed  
bed days on line 7, column 4.) 91.97%

D. How many bed-hold days during this year were paid by Public Aid?

118 (Do not include bed-hold days in Section B.)E. List all services provided by your facility for non-patients.  
(E.g., day care, "meals on wheels", outpatient therapy)None

F. Does the facility maintain a daily midnight census?

YesG. Do pages 3 & 4 include expenses for services or  
investments not directly related to patient care?YES ☒NO ☐Non-allowable costs have been  
eliminated in Schedule V, Column 7

H. Does the BALANCE SHEET (page 17) reflect any non-care assets?

YES ☐NO ☒

I. On what date did you start providing long term care at this location?

Date started 4/1/90

J. Was the facility purchased or leased after January 1, 1978?

YES ☐Date New ConstructionNO ☒

K. Was the facility certified for Medicare during the reporting year?

YES ☒NO ☐

If YES, enter number

of beds certified 87 and days of care provided 6,346Medicare Intermediary AdminaStar Federal

## IV. ACCOUNTING BASIS

ACCRUAL ☒

MODIFIED

CASH\* ☐CASH\* ☐

Is your fiscal year identical to your tax year?

YES ☒NO ☐Tax Year: 12/31/03 Fiscal Year: 12/31/03

\* All facilities other than governmental must report on the accrual basis.

SEE ACCOUNTANTS' COMPILATION REPORT

## STATE OF ILLINOIS

Page 3

Facility Name &amp; ID Number Lexington of Schaumburg # 0036095 Report Period Beginning: 01/01/03 Ending: 12/31/03

## V. COST CENTER EXPENSES (throughout the report, please round to the nearest dollar)

	Operating Expenses	Costs Per General Ledger				Reclass-ification 5	Reclassified Total 6	Adjust-ments 7**	Adjusted Total 8	FOR OHF USE ONLY	
		Salary/Wage 1	Supplies 2	Other 3	Total 4					9	10
	<b>A. General Services</b>										
1	Dietary	303,739	39,002	14,486	357,227		357,227		357,227		1
2	Food Purchase		289,977		289,977		289,977	(11,766)	278,211		2
3	Housekeeping	280,449	38,996		319,445		319,445	390	319,835		3
4	Laundry	59,217	20,697		79,914		79,914	(5,920)	73,994		4
5	Heat and Other Utilities			204,255	204,255		204,255	3,911	208,166		5
6	Maintenance	70,095		105,888	175,983		175,983	2,847	178,830		6
7	Other (specify):*										7
8	<b>TOTAL General Services</b>	713,500	388,672	324,629	1,426,801		1,426,801	(10,538)	1,416,263		8
	<b>B. Health Care and Programs</b>										
9	Medical Director			24,000	24,000		24,000		24,000		9
10	Nursing and Medical Records	3,581,462	221,775	25,908	3,829,145		3,829,145		3,829,145		10
10a	Therapy			650,803	650,803		650,803		650,803		10a
11	Activities	210,262	21,410	3,466	235,138		235,138		235,138		11
12	Social Services	80,765		2,203	82,968		82,968		82,968		12
13	Nurse Aide Training										13
14	Program Transportation										14
15	Other (specify):*										15
16	<b>TOTAL Health Care and Programs</b>	3,872,489	243,185	706,380	4,822,054		4,822,054		4,822,054		16
	<b>C. General Administration</b>										
17	Administrative	188,883		437,409	626,292		626,292	(437,409)	188,883		17
18	Directors Fees										18
19	Professional Services			58,146	58,146		58,146	8,687	66,833		19
20	Dues, Fees, Subscriptions & Promotions			26,143	26,143		26,143	856	26,999		20
21	Clerical & General Office Expenses	540,072		66,032	606,104		606,104	22,720	628,824		21
22	Employee Benefits & Payroll Taxes			795,378	795,378		795,378	80,346	875,724		22
23	Inservice Training & Education										23
24	Travel and Seminar			4,590	4,590		4,590	2,968	7,558		24
25	Other Admin. Staff Transportation							9,803	9,803		25
26	Insurance-Prop.Liab.Malpractice			283,545	283,545		283,545	3,839	287,384		26
27	Other (specify):*										27
28	<b>TOTAL General Administration</b>	728,955		1,671,243	2,400,198		2,400,198	(308,190)	2,092,008		28
29	<b>TOTAL Operating Expense (sum of lines 8, 16 &amp; 28)</b>	5,314,944	631,857	2,702,252	8,649,053		8,649,053	(318,728)	8,330,325		29

\* Attach a schedule if more than one type of cost is included on this line, or if the total exceeds \$1000.

SEE ACCOUNTANTS' COMPILATION REPORT

NOTE: Include a separate schedule detailing the reclassifications made in column 5. Be sure to include a detailed explanation of each reclassification.

\*\* See schedule of adjustments attached at end of cost report.

**V. COST CENTER EXPENSES (continued)**

	Capital Expense	Cost Per General Ledger				Reclass- ification 5	Reclassified Total 6	Adjust- ments 7**	Adjusted Total 8	FOR OHF USE ONLY		
		Salary/Wage 1	Supplies 2	Other 3	Total 4					9	10	
	<b>D. Ownership</b>											
30	Depreciation			71,374	71,374		71,374	200,591	271,965			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			15,206	15,206		15,206	388,186	403,392			32
33	Real Estate Taxes							421,432	421,432			33
34	Rent-Facility & Grounds			1,615,699	1,615,699		1,615,699	(1,615,699)				34
35	Rent-Equipment & Vehicles			10,632	10,632		10,632	4,256	14,888			35
36	Other (specify):*											36
37	<b>TOTAL Ownership</b>			1,712,911	1,712,911		1,712,911	(601,234)	1,111,677			37
	<b>Ancillary Expense</b>											
	<b>E. Special Cost Centers</b>											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers		172,455		172,455		172,455		172,455			39
40	Barber and Beauty Shops			23,872	23,872		23,872		23,872			40
41	Coffee and Gift Shops			14,800	14,800		14,800		14,800			41
42	Provider Participation Fee			122,640	122,640		122,640		122,640			42
43	Other (specify):* <b>Nonallowable Costs</b>			89,850	89,850		89,850	(89,850)				43
44	<b>TOTAL Special Cost Centers</b>		172,455	251,162	423,617		423,617	(89,850)	333,767			44
45	<b>GRAND TOTAL COST</b> (sum of lines 29, 37 & 44)	5,314,944	804,312	4,666,325	10,785,581		10,785,581	(1,009,812)	9,775,769			45

\*Attach a schedule if more than one type of cost is included on this line, or if the total exceeds \$1000.

\*\*See schedule of adjustments attached at end of cost report.

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name &amp; ID Number Lexington of Schaumburg

# 0036095

Report Period Beginning: 01/01/03

Ending: 12/31/03

## VI. ADJUSTMENT DETAIL

A. The expenses indicated below are non-allowable and should be adjusted out of Schedule V, pages 3 or 4 via column 7.

In column 2 below, reference the line on which the particular cost was included. (See instructions.)

		1 Amount	2 Reference	3 OHF USE ONLY	
1	Day Care	\$		\$	1
2	Other Care for Outpatients				2
3	Governmental Sponsored Special Programs				3
4	Non-Patient Meals	(32)	2		4
5	Telephone, TV & Radio in Resident Rooms				5
6	Rented Facility Space				6
7	Sale of Supplies to Non-Patients				7
8	Laundry for Non-Patients	(5,920)	4		8
9	Non-Straightline Depreciation	(6,451)	30		9
10	Interest and Other Investment Income	(112)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(1,033)	43		13
14	Non-Care Related Interest				14
15	Non-Care Related Owner's Transactions				15
16	Personal Expenses (Including Transportation)				16
17	Non-Care Related Fees				17
18	Fines and Penalties				18
19	Entertainment				19
20	Contributions	(800)	43		20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers				22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	(58,745)	43		24
25	Fund Raising, Advertising and Promotional	(16,439)	43		25
26	Income Taxes and Illinois Personal				26
27	Property Replacement Tax	(1,882)	43		27
28	Nurse Aide Training for Non-Employees				28
29	Yellow Page Advertising				29
29	Other-Attach Schedule See attached Schedule A	117,954			29
30	SUBTOTAL (A): (Sum of lines 1-29)	\$ 26,540		\$	30

OHF USE ONLY							
48		49		50		51	52

B. If there are expenses experienced by the facility which do not appear in the general ledger, they should be entered below.(See instructions.)

		1 Amount	2 Reference	
31	Non-Paid Workers-Attach Schedule*	\$		31
32	Donated Goods-Attach Schedule*			32
33	Amortization of Organization & Pre-Operating Expense			33
34	Adjustments for Related Organization Costs (Schedule VII)	(1,036,352)		34
35	Other- Attach Schedule			35
36	SUBTOTAL (B): (sum of lines 31-35)	\$ (1,036,352)		36
37	(sum of SUBTOTALS TOTAL ADJUSTMENTS (A) and (B) )	\$ (1,009,812)		37

\*These costs are only allowable if they are necessary to meet minimum licensing standards. Attach a schedule detailing the items included on these lines.

C. Are the following expenses included in Sections A to D of pages 3 and 4? If so, they should be reclassified into Section E. Please reference the line on which they appear before reclassification. (See instructions.)

		1 Yes	2 No	3 Amount	4 Reference	
38	Medically Necessary Transport.		X	\$		38
39						39
40	Gift and Coffee Shops		X			40
41	Barber and Beauty Shops		X			41
42	Laboratory and Radiology		X			42
43	Prescription Drugs		X			43
44	Exceptional Care Program		X			44
45	Other-Attach Schedule		X			45
46	Other-Attach Schedule		X			46
47	TOTAL (C): (sum of lines 38-46)			\$		47

SEE ACCOUNTANTS' COMPILATION REPORT

**Lexington Health Care Center of Schaumburg, Inc.**  
**Provider # 0036095**  
**1/1/03 - 12/31/03**

**Schedule A**

Schedule VI. Adjustment detail  
Line 29, Other

Description	Amount	Reference
Deferred maintenance amort.	359	6
Nonallowable collections	(3,513)	19
Nonallowable out of period legal fees	(1,286)	19
Offset miscellaneous income	(1,570)	21
Nonallowable radiology expense	(5,007)	43
Nonallowable laboratory expense	(2,614)	43
Nonallowable personal item replacement	(3,345)	43
Nonallowable gain on fmrv of interest rate swap	134,930	43
Total	<u>117,954</u>	

**See Accountants' Compilation Report**

Lexington of SchaumburgID# 0036095Report Period Beginning: 01/01/03Ending: 12/31/03

Sch. V Line

NON-ALLOWABLE EXPENSES		Amount	Reference
1		\$	1
2			2
3			3
4			4
5			5
6			6
7			7
8			8
9			9
10			10
11			11
12			12
13			13
14			14
15			15
16			16
17			17
18			18
19			19
20			20
21			21
22			22
23			23
24			24
25			25
26			26
27			27
28			28
29			29
30			30
31			31
32			32
33			33
34			34
35			35
36			36
37			37
38			38
39			39
40			40
41			41
42			42
43			43
44			44
45			45
46			46
47			47
48			48
49	Total	0	49

See Accountants' Compilation Report

## STATE OF ILLINOIS

Summary A

Facility Name & ID Number Lexington of Schaumburg# 0036095

Report Period Beginning:

01/01/03

Ending:

12/31/03

## SUMMARY OF PAGES 5, 5A, 6, 6A, 6B, 6C, 6D, 6E, 6F, 6G, 6H AND 6I

	Operating Expenses	PAGES 5 & 5A	PAGE 6	PAGE 6A	PAGE 6B	PAGE 6C	PAGE 6D	PAGE 6E	PAGE 6F	PAGE 6G	PAGE 6H	PAGE 6I	SUMMARY TOTALS (to Sch V, col.7)	
	<b>A. General Services</b>													
1	Dietary	0	0	0	0	0	0	0	0	0	0	0	0	1
2	Food Purchase	(32)	0	0	0	0	0	0	0	0	0	0	(32)	2
3	Housekeeping	0	0	390	0	0	0	0	0	0	0	0	390	3
4	Laundry	(5,920)	0	0	0	0	0	0	0	0	0	0	(5,920)	4
5	Heat and Other Utilities	0	0	3,911	0	0	0	0	0	0	0	0	3,911	5
6	Maintenance	0	0	2,488	0	0	0	0	0	0	0	0	2,488	6
7	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	7
8	<b>TOTAL General Services</b>	<b>(5,952)</b>	<b>0</b>	<b>6,789</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>837</b>	<b>8</b>
	<b>B. Health Care and Programs</b>													
9	Medical Director	0	0	0	0	0	0	0	0	0	0	0	0	9
10	Nursing and Medical Records	0	0	0	0	0	0	0	0	0	0	0	0	10
10a	Therapy	0	0	0	0	0	0	0	0	0	0	0	0	10a
11	Activities	0	0	0	0	0	0	0	0	0	0	0	0	11
12	Social Services	0	0	0	0	0	0	0	0	0	0	0	0	12
13	Nurse Aide Training	0	0	0	0	0	0	0	0	0	0	0	0	13
14	Program Transportation	0	0	0	0	0	0	0	0	0	0	0	0	14
15	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	15
16	<b>TOTAL Health Care and Programs</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>16</b>
	<b>C. General Administration</b>													
17	Administrative	0	0	0	(437,409)	0	0	0	0	0	0	0	(437,409)	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	0	5,695	11,600	0	0	0	0	0	0	0	0	17,295	19
20	Fees, Subscriptions & Promotions	0	0	856	0	0	0	0	0	0	0	0	856	20
21	Clerical & General Office Expenses	0	50	24,240	0	0	0	0	0	0	0	0	24,290	21
22	Employee Benefits & Payroll Taxes	0	0	68,612	0	0	0	0	0	0	0	0	68,612	22
23	Inservice Training & Education	0	0	0	0	0	0	0	0	0	0	0	0	23
24	Travel and Seminar	0	0	2,968	0	0	0	0	0	0	0	0	2,968	24
25	Other Admin. Staff Transportation	0	0	0	9,803	0	0	0	0	0	0	0	9,803	25
26	Insurance-Prop.Liab.Malpractice	0	0	0	3,839	0	0	0	0	0	0	0	3,839	26
27	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	27
28	<b>TOTAL General Administration</b>	<b>0</b>	<b>5,745</b>	<b>108,276</b>	<b>(423,767)</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>(309,746)</b>	<b>28</b>
29	<b>TOTAL Operating Expense (sum of lines 8,16 &amp; 28)</b>	<b>(5,952)</b>	<b>5,745</b>	<b>115,065</b>	<b>(423,767)</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>(308,909)</b>	<b>29</b>



## STATE OF ILLINOIS

Summary B

Facility Name & ID Number Lexington of Schaumburg# 0036095

Report Period Beginning:

01/01/03

Ending:

12/31/03

## SUMMARY OF PAGES 5, 5A, 6, 6A, 6B, 6C, 6D, 6E, 6F, 6G, 6H AND 6I

	Capital Expense	PAGES 5 & 5A	PAGE 6	PAGE 6A	PAGE 6B	PAGE 6C	PAGE 6D	PAGE 6E	PAGE 6F	PAGE 6G	PAGE 6H	PAGE 6I	SUMMARY TOTALS (to Sch V, col.7)	
	<b>D. Ownership</b>													
30	Depreciation	(6,451)	175,051	0	31,991	0	0	0	0	0	0	0	200,591	30
31	Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0	0	0	0	0	31
32	Interest	(112)	387,941	0	357	0	0	0	0	0	0	0	388,186	32
33	Real Estate Taxes	0	415,699	0	1,924	0	0	0	0	0	0	0	417,623	33
34	Rent-Facility & Grounds	0	(1,615,699)	0	0	0	0	0	0	0	0	0	(1,615,699)	34
35	Rent-Equipment & Vehicles	0	0	0	4,256	0	0	0	0	0	0	0	4,256	35
36	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	36
37	<b>TOTAL Ownership</b>	<b>(6,563)</b>	<b>(637,008)</b>	<b>0</b>	<b>38,528</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>(605,043)</b>	<b>37</b>
	<b>Ancillary Expense</b>													
	<b>E. Special Cost Centers</b>													
38	Medically Necessary Transportation	0	0	0	0	0	0	0	0	0	0	0	0	38
39	Ancillary Service Centers	0	0	0	0	0	0	0	0	0	0	0	0	39
40	Barber and Beauty Shops	0	0	0	0	0	0	0	0	0	0	0	0	40
41	Coffee and Gift Shops	0	0	0	0	0	0	0	0	0	0	0	0	41
42	Provider Participation Fee	0	0	0	0	0	0	0	0	0	0	0	0	42
43	Other (specify):*	(78,899)	15	0	0	0	0	0	0	0	0	0	(78,884)	43
44	<b>TOTAL Special Cost Centers</b>	<b>(78,899)</b>	<b>15</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>(78,884)</b>	<b>44</b>
	<b>GRAND TOTAL COST</b>													
45	<b>(sum of lines 29, 37 &amp; 44)</b>	<b>(91,414)</b>	<b>(631,248)</b>	<b>115,065</b>	<b>(385,239)</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>(992,836)</b>	<b>45</b>

Facility Name & ID Number Lexington of Schaumburg# 0036095

Report Period Beginning:

01/01/03

Ending:

12/31/03

## VII. RELATED PARTIES

A. Enter below the names of ALL owners and related organizations (parties) as defined in the instructions. Attach an additional schedule if necessary.

1 OWNERS		2 RELATED NURSING HOMES		3 OTHER RELATED BUSINESS ENTITIES		
Name	Ownership %	Name	City	Name	City	Type of Business
See attached Schedule B		See attached Schedule B		Sambell of Schaumburg		
				Ltd. Ptsp.	Schaumburg	Real estate ptsp.
				Royal Mgmt. Corp.	Lombard	Mgmt. Co.
				Lexington Financial		
				Services, L.L.C.	Lombard	Finance Co.

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. ☒ YES ☐ NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)
1	V	19 Professional fees	\$	Sambell of Schaumburg Limited Partnership	**	\$ 5,695	\$ 5,695 1
2	V	21 Bank charges		Sambell of Schaumburg Limited Partnership	**	50	50 2
3	V	30 Depreciation		Sambell of Schaumburg Limited Partnership	**	175,051	175,051 3
4	V	32 Amortization of mortgage costs		Sambell of Schaumburg Limited Partnership	**	6,902	6,902 4
5	V	32 Interest expense		Sambell of Schaumburg Limited Partnership	**	381,039	381,039 5
6	V	33 Property taxes		Sambell of Schaumburg Limited Partnership	**	415,699	415,699 6
7	V	34 Rental expense	1,615,699	Sambell of Schaumburg Limited Partnership	**		(1,615,699) 7
8	V	43 State replacement tax		Sambell of Schaumburg Limited Partnership	**	15	15 8
9	V	43 Unrealized gain on fair		Sambell of Schaumburg Limited Partnership	**		
10	V	value of an interest rate swap		Sambell of Schaumburg Limited Partnership	**	(134,930)	(134,930) 10
11	V						
12	V						
13	V	**The owners of Lexington Health Care Center of Schaumburg, Inc. own 100% of Sambell of Schaumburg Limited Partnership.					
14	Total		\$ 1,615,699			\$ 849,521	\$ * (766,178) 14

\* Total must agree with the amount recorded on line 34 of Schedule VI.

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name &amp; ID Number Lexington of Schaumburg

# 0036095

Report Period Beginning: 01/01/03

Ending: 12/31/03

## VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth.

☒

YES

☐

NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)
15	V	3 Housekeeping supplies	\$	Royal Management Corp.	**	\$ 390	\$ 390
16	V	5 Utilities - gas & electric		Royal Management Corp.	**	3,841	3,841
17	V	5 Utilities - water & sewer		Royal Management Corp.	**	70	70
18	V	6 Repairs & maintenance		Royal Management Corp.	**	2,416	2,416
19	V	6 Scavenger & exterminating		Royal Management Corp.	**	72	72
20	V	19 Computer consultant & supplies		Royal Management Corp.	**	8,740	8,740
21	V	19 Professional fees		Royal Management Corp.	**	2,860	2,860
22	V	20 Advertising - help wanted		Royal Management Corp.	**	194	194
23	V	20 Dues & subscriptions		Royal Management Corp.	**	662	662
24	V	21 Bank charges		Royal Management Corp.	**	3,360	3,360
25	V	21 Office supplies & printing		Royal Management Corp.	**	7,675	7,675
26	V	21 Postage		Royal Management Corp.	**	3,452	3,452
27	V	21 Telephone		Royal Management Corp.	**	9,753	9,753
28	V	22 FICA		Royal Management Corp.	**	30,989	30,989
29	V	22 FUTA		Royal Management Corp.	**	557	557
30	V	22 SUTA		Royal Management Corp.	**	964	964
31	V	22 Insurance - W/C		Royal Management Corp.	**	587	587
32	V	22 Insurance - hospitalization		Royal Management Corp.	**	30,626	30,626
33	V	22 401(k) and other emp. benefits		Royal Management Corp.	**	4,889	4,889
34	V	24 Travel & seminar		Royal Management Corp.	**	2,968	2,968
35	V						
36	V						
37	V						
38	V	** Certain owners of Lexington Health Care Center of Schaumburg, Inc. Own 100% of Royal Management Corp.					
39	Total		\$			\$ 115,065	\$ * 115,065

\* Total must agree with the amount recorded on line 34 of Schedule VI.

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name &amp; ID Number Lexington of Schaumburg

# 0036095

Report Period Beginning: 01/01/03

Ending: 12/31/03

## VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth.

☒

YES

☐

NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)
15	V	25 Auto expense	\$	Royal Management Corp.	**	\$ 9,803	\$ 9,803
16	V	26 Insurance general		Royal Management Corp.	**	3,839	3,839
17	V	30 Depreciation - vehicles		Royal Management Corp.	**	3,400	3,400
18	V	30 Depreciation - leasehold improv.		Royal Management Corp.	**	7,950	7,950
19	V	30 Depreciation - equipment		Royal Management Corp.	**	20,641	20,641
20	V	32 Interest		Royal Management Corp.	**	357	357
21	V	33 Property taxes		Royal Management Corp.	**	1,924	1,924
22	V	35 Equipment rental		Royal Management Corp.	**	4,256	4,256
23	V	17 Management fees	437,409	Royal Management Corp.	**		(437,409)
24	V						
25	V						
26	V						
27	V						
28	V						
29	V						
30	V						
31	V						
32	V						
33	V						
34	V						
35	V						
36	V						
37	V						
38	V	** Certain owners of Lexington Health Care Center of Schaumburg, Inc. Own 100% of Royal Management Corp.					
39	Total		\$ 437,409			\$ 52,170	\$ * (385,239)

\* Total must agree with the amount recorded on line 34 of Schedule VI.

SEE ACCOUNTANTS' COMPILATION REPORT

**Lexington Health Care Center of Schaumburg, Inc.**  
**Provider # 0036095**  
**1/1/03 - 12/31/03**

**Schedule B**

VII. Related Parties

Owners

<u>Name</u>	<u>Ownership %</u>
James Samatas Discretionary Trust	22.33%
John Samatas Discretionary Trust	22.33%
Cynthia Thiem Discretionary Trust	22.34%
Jeffrey J. Bell Revocable Trust	8.25%
Lawrence W. Bell Revocable Trust	8.25%
David S. Bell Revocable Trust	8.25%
David S. Bell 2001 Trust	2.75%
Jeffrey J. Bell 2001 Trust	2.75%
Lawrence W. Bell 2001 Trust	2.75%

Related Nursing Homes

City

Lexington Health Care Center of Lombard, Inc.	Lombard
Lexington Health Care Center of Bloomingdale, Inc.	Bloomingdale
Lexington Health Care Center of Chicago Ridge, Inc.	Chicago Ridge
Lexington Health Care Center of Elmhurst, Inc.	Elmhurst
Lexington Health Care Center of LaGrange, Inc.	LaGrange
Lexington Health Care Center of Lake Zurich, Inc.	Lake Zurich
Lexington Health Care Center of Streamwood, Inc.	Streamwood
Lexington Health Care Center of Wheeling, Inc.	Wheeling
Lexington Health Care Center of Orland Park, Inc.	Orland Park

Facility Name & ID Number Lexington of Schaumburg # 0036095 Report Period Beginning: 01/01/03 Ending: 12/31/03

## VII. RELATED PARTIES (continued)

## C. Statement of Compensation and Other Payments to Owners, Relatives and Members of Board of Directors.

**NOTE: ALL owners ( even those with less than 5% ownership) and their relatives who receive any type of compensation from this home must be listed on this schedule.**

	1 Name	2 Title	3 Function	4 Ownership Interest	5 Compensation Received From Other Nursing Homes*	6 Average Hours Per Work Week Devoted to this Facility and % of Total Work Week		7 Compensation Included in Costs for this Reporting Period**		8 Schedule V. Line & Column Reference	
						Hours	Percent	Description	Amount		
1	James Samatas	Owner/Officer	Administrative	22.33%	See Schedule C	4	10%	Salary	\$ 35,468	L17, C1	1
2	John Samatas	Owner/Officer	Admin/Plant Ops	22.33%	See Schedule C	3	12%	Salary	22,167	L17, C1	2
3	Cynthia Thiem	Owner/Officer	Administrative	22.34%	See Schedule C	2	13%	Salary	17,734	L17, C1	3
4	George Samatas	Owner/Officer	Administrative	0.00%	See Schedule C	2	10%	Salary	5,320	L17, C1	4
5	Jason Samatas	VP of Operations	Administrative	0.00%	See Schedule C	6	12%	Salary	13,522	L17, C1	5
6											6
7											7
8						All individuals work in excess of 40 hours per week.					8
9											9
10											10
11											11
12											12
13								TOTAL	\$ 94,211		13

\* If the owner(s) of this facility or any other related parties listed above have received compensation from other nursing homes, attach a schedule detailing the name(s) of the home(s) as well as the amount paid. THIS AMOUNT MUST AGREE TO THE AMOUNTS CLAIMED ON THE THE OTHER NURSING HOMES' COST REPORTS.

\*\* This must include all forms of compensation paid by related entities and allocated to Schedule V of this report (i.e., management fees). FAILURE TO PROPERLY COMPLETE THIS SCHEDULE INDICATING ALL FORMS OF COMPENSATION RECEIVED FROM THIS HOME, ALL OTHER NURSING HOMES AND MANAGEMENT COMPANIES MAY RESULT IN THE DISALLOWANCE OF SUCH COMPENSATION

SEE ACCOUNTANTS' COMPILATION REPORT

**Lexington Health Care Center of Schaumburg, Inc.**  
**Provider : 0036095**  
**1/1/03 - 12/31/03**

**Schedule C**

VII. Related Parties

C. Statement of Compensation and Other Payments to Owners, Relatives  
and Members of the Board of Directors

5. Compensation Received From Other Nursing Homes

<u>Name of facility</u>	<u>John Samatas</u>	<u>James Samatas</u>	<u>Cynthia Thiem</u>	<u>George Samatas</u>	<u>Jason Samatas</u>	<u>Total</u>
Lexington Health Care Center of Bloomingdale, Inc.	17,021	27,234	13,617	4,085	10,383	72,340
Lexington Health Care Center of Chicago Ridge, Inc.	22,167	35,468	17,734	5,320	13,522	94,211
Lexington Health Care Center of Elmhurst, Inc.	14,844	23,751	11,875	3,563	9,055	63,088
Lexington Health Care Center of LaGrange, Inc.	10,787	17,259	8,629	2,589	6,580	45,844
Lexington Health Care Center of Lake Zurich, Inc.	20,089	32,143	16,071	4,821	12,254	85,378
Lexington Health Care Center of Lombard, Inc.	22,167	35,468	17,734	5,320	13,522	94,211
Lexington Health Care Center of Orland Park, Inc.	26,721	42,748	21,376	6,413	16,298	113,556
Lexington Health Care Center of Streamwood, Inc.	22,167	35,468	17,734	5,320	13,522	94,211
Lexington Health Care Center of Wheeling, Inc.	21,870	34,993	17,496	5,249	13,342	92,950
Total	177,833	284,532	142,266	42,680	108,478	755,789

**See Accountants' Compilation Report**

Facility Name & ID Number Lexington of Schaumburg# 0036095

Report Period Beginning:

01/01/03Ending: 12/31/03

## VIII. ALLOCATION OF INDIRECT COSTS

A. Are there any costs included in this report which were derived from allocations of central office or parent organization costs? (See instructions.) YES ☒ NO ☐

Name of Related Organization

Royal Management Corp.

Street Address

665 W. North Avenue, Suite 500

City / State / Zip Code

Lombard, IL 60148

Phone Number

( 630) 458-4700

Fax Number

( 630) 458-4796

B. Show the allocation of costs below. If necessary, please attach worksheets.

1	2	3	4	5	6	7	8	9	
Schedule V Line Reference	Item	Unit of Allocation (i.e., Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6	
1	3	Housekeeping supplies	Bed Days	737,665	10	\$ 3,521	\$ 81,760	\$ 390	1
2	5	Utilities - gas & electric	Bed Days	737,665	10	34,652	81,760	3,841	2
3	5	Utilities - water & sewer	Bed Days	737,665	10	635	81,760	70	3
4	6	Repairs & maintenance	Bed Days	737,665	10	21,802	81,760	2,416	4
5	6	Scavenger & exterminating	Bed Days	737,665	10	648	81,760	72	5
6	19	Computer consultant & supplies	Bed Days	737,665	10	78,852	81,760	8,740	6
7	19	Professional fees	Bed Days	737,665	10	25,806	81,760	2,860	7
8	20	Advertising - help wanted	Bed Days	737,665	10	1,748	81,760	194	8
9	20	Dues & subscriptions	Bed Days	737,665	10	5,976	81,760	662	9
10	21	Bank charges	Bed Days	737,665	10	30,319	81,760	3,360	10
11	21	Office supplies & printing	Bed Days	737,665	10	69,243	81,760	7,675	11
12	21	Postage	Bed Days	737,665	10	31,145	81,760	3,452	12
13	21	Telephone	Bed Days	737,665	10	87,995	81,760	9,753	13
14	22	FICA	Bed Days	737,665	10	279,595	81,760	30,989	14
15	22	FUTA	Bed Days	737,665	10	5,021	81,760	557	15
16	22	SUTA	Bed Days	737,665	10	8,695	81,760	964	16
17	22	Insurance - W/C	Bed Days	737,665	10	5,294	81,760	587	17
18	22	Insurance - hospitalization	Bed Days	737,665	10	276,319	81,760	30,626	18
19	22	401(k) and other emp. benefits	Bed Days	737,665	10	44,113	81,760	4,889	19
20	24	Travel & seminar	Bed Days	737,665	10	26,781	81,760	2,968	20
21									21
22									22
23									23
24									24
25	TOTALS					\$ 1,038,160	\$	\$ 115,065	25

SEE ACCOUNTANTS' COMPILATION REPORT



Facility Name & ID Number Lexington of Schaumburg# 0036095

Report Period Beginning:

01/01/03Ending: 12/31/03

## VIII. ALLOCATION OF INDIRECT COSTS

A. Are there any costs included in this report which were derived from allocations of central office or parent organization costs? (See instructions.) YES ☒ NO ☐

Name of Related Organization

Royal Management Corp.

Street Address

665 W. North Avenue, Suite 500

City / State / Zip Code

Lombard, IL 60148

Phone Number

( 630) 458-4700

Fax Number

( 630) 458-4796

B. Show the allocation of costs below. If necessary, please attach worksheets.

1	2	3	4	5	6	7	8	9	
Schedule V Line Reference	Item	Unit of Allocation (i.e., Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6	
1	25	Auto expense	Bed Days	737,665	10	\$ 88,444	\$ 81,760	\$ 9,803	1
2	26	Insurance general	Bed Days	737,665	10	34,634	81,760	3,839	2
3	30	Depreciation - vehicles	Bed Days	737,665	10	30,679	81,760	3,400	3
4	30	Depreciation - leasehold improv.	Bed Days	737,665	10	71,727	81,760	7,950	4
5	30	Depreciation - equipment	Bed Days	737,665	10	186,226	81,760	20,641	5
6	32	Interest	Bed Days	737,665	10	3,219	81,760	357	6
7	33	Property taxes	Bed Days	737,665	10	17,360	81,760	1,924	7
8	35	Equipment rental	Bed Days	737,665	10	38,401	81,760	4,256	8
9									9
10									10
11									11
12									12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25	TOTALS					\$ 470,690	\$	\$ 52,170	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Lexington of Schaumburg# 0036095

Report Period Beginning:

01/01/03

Ending:

12/31/03

## IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE

A. Interest: (Complete details must be provided for each loan - attach a separate schedule if necessary.)

1		2		3		4		5		6		7		8		9		10	
	Name of Lender	Related**		Purpose of Loan	Monthly Payment Required	Date of Note	Amount of Note		Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense								
		YES	NO				Original	Balance											
	A. Directly Facility Related																		
	Long-Term																		
1	Lexington Financial	X		Mortgage	Varies	04/25/01	\$ 6,200,000	\$ 5,880,416	02/01/2026	Variable	\$ 381,039	1							
2	Services, L.L.C.											2							
3												3							
4												4							
5												5							
	Working Capital																		
6	LaSalle Bank N.A.		X	Working capital	Varies	04/06/02	1,350,000		04/04/2004	Prime	15,206	6							
7												7							
8												8							
9	TOTAL Facility Related						\$ 7,550,000	\$ 5,880,416			\$ 396,245	9							
	B. Non-Facility Related*																		
10								Amortization of loan costs			6,902	10							
11								Interest income offset			(112)	11							
12								Allocated from management company			357	12							
13												13							
14	TOTAL Non-Facility Related						\$	\$			\$ 7,147	14							
15	TOTALS (line 9+line14)						\$ 7,550,000	\$ 5,880,416			\$ 403,392	15							

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. \$ N/A Line # N/A

\* Any interest expense reported in this section should be adjusted out on page 5, line 14 and, consequently, page 4, col. 7.  
(See instructions.) SEE ACCOUNTANTS' COMPILATION REPORT

\*\* If there is ANY overlap in ownership between the facility and the lender, this must be indicated in column 2.  
(See instructions.)

Facility Name & ID Number **Lexington of Schaumburg**# **0036095**Report Period Beginning: **01/01/03**

Ending:

**12/31/03****IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE (continued)****B. Real Estate Taxes**

1. Real Estate Tax accrual used on 2002 report.		<b>Important</b> , please see the next worksheet, "RE_Tax". The real estate tax statement and bill must accompany the cost report.	\$	<b>426,000</b>	1
2. Real Estate Taxes paid during the year: (Indicate the tax year to which this payment applies. If payment covers more than one year, detail below.)		Allocated from management company	\$	<b>1,924</b>	
		2002	\$	<b>415,699</b>	2
3. Under or (over) accrual (line 2 minus line 1).			\$	<b>(8,377)</b>	3
4. Real Estate Tax accrual used for 2003 report. (Detail and explain your calculation of this accrual on the lines below.)			\$	<b>426,000</b>	4
5. Direct costs of an appeal of tax assessments which has NOT been included in professional fees or other general operating costs on Schedule V, sections A, B or C. <b>(Describe appeal cost below. Attach copies of invoices to support the cost and a copy of the appeal filed with the county.)</b>			\$	<b>3,809</b>	5
6. Subtract a refund of real estate taxes. You must offset the full amount of any direct appeal costs classified as a real estate tax cost plus one-half of any remaining refund.					
<b>TOTAL REFUND \$</b> For Tax Year. <b>(Attach a copy of the real estate tax appeal board's decision.)</b>			\$		6
7. Real Estate Tax expense reported on Schedule V, line 33. This should be a combination of lines 3 thru 6.			\$	<b>421,432</b>	7

  

Real Estate Tax History:

Real Estate Tax Bill for Calendar Year:	1998	<b>395,337</b>	8
	1999	<b>393,271</b>	9
	2000	<b>402,925</b>	10
	2001	<b>407,968</b>	11
	2002	<b>415,699</b>	12

  

<b>2002 taxes:</b>	<b>415,699</b>		
<b>Estimated increase (2.5%)</b>	<b>1,025</b>		
<b>Estimated 2003 taxes:</b>	<b>426,091</b>		
<b>Use:</b>	<b>426,000</b>		

  

<b>FOR OHF USE ONLY</b>	
13	FROM R. E. TAX STATEMENT FOR 2002 \$ 13
14	PLUS APPEAL COST FROM LINE 5 \$ 14
15	LESS REFUND FROM LINE 6 \$ 15
16	AMOUNT TO USE FOR RATE CALCULATION \$ 16

**NOTES:**

1. Please indicate a negative number by use of brackets( ). Deduct any overaccrual of taxes from prior year.
2. If facility is a non-profit which pays real estate taxes, you must attach a denial of an application for real estate tax exemption unless the building is rented from a for-profit entity.  
**This denial must be no more than four years old at the time the cost report is filed.**

SEE ACCOUNTANTS' COMPILATION REPORT

**IMPORTANT NOTICE**

TO: Long Term Care Facilities with Real Estate Tax Rates RE: 2002 REAL ESTATE TAX COST DOCUMENTATION

In order to set the real estate tax portion of the capital rate, it is necessary that we obtain additional information regarding your calendar 2002 real estate tax costs, as well as copies of your real estate tax bills for calendar 2002.

Please complete the Real Estate Tax Statement below and forward with a copy of your 2002 real estate tax bill to the Department of Public Aid, Office of Health Finance, 201 South Grand Avenue East, Springfield, Illinois 62763.

Please send these items in with your completed 2003 cost report. The cost report will not be considered complete and timely filed until this statement and the corresponding real estate tax bills are filed. If you have any questions,

**2002 LONG TERM CARE REAL ESTATE TAX STATEMENT**

FACILITY NAME Lexington of Schaumburg COUNTY Cook

FACILITY IDPH LICENSE NUMBER 0036095

CONTACT PERSON REGARDING THIS REPORT Susan Rojek

TELEPHONE (630) 458-4700 FAX #: (630) 458-4796

**A. Summary of Real Estate Tax Costs**

Enter the tax index number and real estate tax assessed for 2002 on the lines provided below. Enter only the portion of the cost that applies to the operation of the nursing home in Column D. Real estate tax applicable to any portion of the nursing home property which is vacant, rented to other organizations, or used for purposes other than long term care must not be entered in Column D. Do not include cost for any period other than calendar year 2002.

(A)	(B)	(C)	(D)
<u>Tax Index Number</u>	<u>Property Description</u>	<u>Total Tax</u>	<u>Tax Applicable to Nursing Home</u>
1. <u>07-27-201-039-000</u>	<u>Land &amp; Building</u>	\$ <u>415,699.08</u>	\$ <u>415,699.08</u>
2. <u>Royal Management Corp. (Samvest of Lombard II)</u>		\$ _____	\$ _____
3. <u>05-01-202-019</u>	<u>Land &amp; Building</u>	\$ <u>212,239.00</u>	\$ <u>1,924.00</u>
4. _____	_____	\$ _____	\$ _____
5. _____	_____	\$ _____	\$ _____
6. _____	_____	\$ _____	\$ _____
7. _____	_____	\$ _____	\$ _____
8. _____	_____	\$ _____	\$ _____
9. _____	_____	\$ _____	\$ _____
10. _____	_____	\$ _____	\$ _____
<b>TOTALS</b>		\$ <u>627,938.08</u>	\$ <u>417,623.08</u>

**B. Real Estate Tax Cost Allocation:**

Does any portion of the tax bill apply to more than one nursing home, vacant property, or property which is not direct used for nursing home services? \_\_\_\_\_ YES \_\_\_\_\_ X NO

If YES, attach an explanation & a schedule which shows the calculation of the cost allocated to the nursing home (Generally the real estate tax cost must be allocated to the nursing home based upon sq. ft. of space used)

**C. Tax Bills**

Attach a copy of the 2002 tax bills which were listed in Section A to this statement. Be sure to use the 2002 tax bill which is normally paid during 2003.

See Accountants' Compilation Report

A. Square Feet:

85,541

B. General Construction Type:

Exterior

Concrete Block

Frame

Steel

Number of Stories

3

C. Does the Operating Entity?

☐
 (a) Own the Facility

☒
 (b) Rent from a Related Organization.

☐
 (c) Rent from Completely Unrelated Organization.

(Facilities checking (a) or (b) must complete Schedule XI. Those checking (c) may complete Schedule XI or Schedule XII-A. See instructions.

D. Does the Operating Entity?

☒
 (a) Own the Equipment

☒
 (b) Rent equipment from a Related Organization.

☒
 (c) Rent equipment from Completely Unrelated Organization.

(Facilities checking (a) or (b) must complete Schedule XI-C. Those checking (c) may complete Schedule XI-C or Schedule XII-B. See instructions.

E. List all other business entities owned by this operating entity or related to the operating entity that are located on or adjacent to this nursing home's ground: (such as, but not limited to, apartments, assisted living facilities, day training facilities, day care, independent living facilities, nurse aide training facilities, etc.) List entity name, type of business, square footage, and number of beds/units available (where applicable)

None

F. Does this cost report reflect any organization or pre-operating costs which are being amortized?

☐
 YES

☒
 NO

If so, please complete the following:

1. Total Amount Incurred:

N/A

2. Number of Years Over Which it is Being Amortized:

N/A

3. Current Period Amortization:

N/A

4. Dates Incurred:

N/A

Nature of Costs:

(Attach a complete schedule detailing the total amount of organization and pre-operating costs.)

XI. OWNERSHIP COSTS:

A. Land.

	1	2	3	4	
	Use	Square Feet	Year Acquired	Cost	
1	Resident Care	230,000	1988	\$ 211,532	1
2	Mgmt Co.		2002	17,683	2
3	TOTALS	230,000		\$ 229,215	3

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name &amp; ID Number Lexington of Schaumburg

# 0036095

Report Period Beginning:

01/01/03

Ending:

12/31/03

## XI. OWNERSHIP COSTS (continued)

## B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar

1	2	3	4	5	6	7	8	9	
Beds*	FOR OHF USE ONLY	Year Acquired	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation
4	215	1990	1990	\$ 5,865,346	\$	35	\$ 167,581	\$ 167,581	\$ 2,351,412
5	9	1995	1995	146,217	4,178	35	4,178		31,336
6									
7									
8									
Improvement Type**									
9	Building improvements	1991		3,521	352	10	352		3,521
10	Building improvements	1992		859	25	35	25		284
11	Land improvements	1992		5,764		20	288	288	3,312
12	Land improvements	1992		5,000		20	250	250	2,625
13	Building improvements	1993		12,368		10	481	481	12,231
14	Fan coil units in offices	1996		5,149	147	35	147		1,103
15	Basement rehab	1997		14,697	1,470	10	1,470		10,044
16	Brick	1997		1,500	43	35	43		276
17	Dining room rehab	1997		6,422	642	10	642		4,066
18	Parking lot repave and restripe	1998		2,777	277	10	277		1,529
19	Wiring	1998		3,667	367	10	367		2,018
20	Retile 2nd and 3rd floor corridors	1998		10,100	1,010	10	1,010		5,555
21	Plumbing for HVAC	1998		2,263	453	5	453		2,263
22	Lobby-floor tile	1999		7,478	748	10	748		3,615
23	Wallpaper-labor	1999		9,705	970	10	970		4,608
24	New patio	1999		19,039	1,269	15	1,269		5,393
25	New pay phone/wiring	1999		2,975	298	10	298		1,266
26	Repave and restripe parking lot	2000		10,735	1,074	10	1,074		3,759
27	Roof repairs	2000		9,625	962	10	962		3,367
28	Water heater	2000		6,669	669	10	669		2,341
29	Automatic door	2000		1,300	130	10	130		455
30	Rehab project - paint resident rooms, carpet hallways, and tile	2000		52,760	5,276	10	5,276		18,466
31	Repave parking lot	2001		24,654	616	40	616		1,540
32	Water heater and storage tanks	2001		12,102	1,210	10	1,210		3,630
33	Garbage area	2001		4,788	479	20	479		1,197
34									
35									
36									

\*Total beds on this schedule must agree with page 2.

\*\*Improvement type must be detailed in order for the cost report to be considered complete

See Page 12A, Line 70 for total

SEE ACCOUNTANTS' COMPILATION REPORT

## STATE OF ILLINOIS

Page 12A

Facility Name &amp; ID Number Lexington of Schaumburg

# 0036095

Report Period Beginning:

01/01/03

Ending:

12/31/03

## XI. OWNERSHIP COSTS (continued)

## B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
37	Roof	2002	\$ 25,600	\$ 2,560	10	\$ 2,560	\$	\$ 3,413	37
38	Facility rehab - paint resident rooms, carpet hallways, and tile	2002	327,253	16,362	20	16,362		39,097	38
39	Elevator electronic curtain	2002	4,500	450	10	450		675	39
40	Elevator upgrade	2002	5,471	547	10	547		821	40
41	Painting and decorating	2003	13,477		10				41
42	Electrical improvements	2003	844	4	20	4		4	42
43									43
44									44
45	Leasehold improvements - management company	1995	11,208		35	332	332	2,722	45
46	Leasehold improvements - management company	1996	9,121		35	270	270	1,955	46
47	Leasehold improvements - management company	1989	314		31	9	9	158	47
48	HVAC - management company	1998	236		35	7	7	40	48
49	Offices - management company	1999	596		35	18	18	77	49
50	Land improvements - management company	2002	27,870		15	826	826	3,561	50
51	Building - management company	2002	216,828		40	6,433	6,433	10,390	51
52	HVAC, electrical, security system - management company	2003	2,149		30	55	55	55	52
53									53
54									54
55									55
56									56
57									57
58									58
59									59
60									60
61									61
62									62
63									63
64									64
65									65
66									66
67									67
68									68
69									69
70	TOTAL (lines 4 thru 69)		\$ 6,892,947	\$ 42,588		\$ 219,138	\$ 176,550	\$ 2,544,180	70

SEE ACCOUNTANTS' COMPILATION REPORT

\*\*Improvement type must be detailed in order for the cost report to be considered complete

C. Equipment Depreciation-Excluding Transportation. (See instructions.)

	Category of Equipment	1 Cost	Current Book Depreciation 2	Straight Line Depreciation 3	4 Adjustments	Component Life 5	Accumulated Depreciation 6	
71	Purchased in Prior Years	\$ 264,548	\$ 28,314	\$ 28,314	\$	5-10 years	\$ 140,168	71
72	Current Year Purchases	30,619	472	472		5-10 years	472	72
73	Fully Depreciated Assets	470,227					470,227	73
74	Allocated from management company	198,468		20,641	20,641		65,776	74
75	TOTALS	\$ 963,862	\$ 28,786	\$ 49,427	\$ 20,641		\$ 676,643	75

D. Vehicle Depreciation (See instructions.)\*

	1 Use	Model, Make and Year 2	Year Acquired 3	4 Cost	Current Book Depreciation 5	Straight Line Depreciation 6	7 Adjustments	Life in Years 8	Accumulated Depreciation 9	
76				\$	\$	\$	\$		\$	76
77										77
78										78
79	Allocated from management company			33,164		3,400	3,400		26,478	79
80	TOTALS			\$ 33,164	\$	\$ 3,400	\$ 3,400		\$ 26,478	80

E. Summary of Care-Related Assets

	1	2	
	Reference	Amount	
81	Total Historical Cost (line 3, col.4 + line 70, col.4 + line 75, col.1 + line 80, col.4) + (Pages 12B thru 12I, if applicable)	\$ 8,119,188	81
82	Current Book Depreciation (line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 71,374	82
83	Straight Line Depreciation (line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 271,965	83 **
84	Adjustments (line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$ 200,591	84
85	Accumulated Depreciation (line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$ 3,247,301	85

F. Depreciable Non-Care Assets Included in General Ledger. (See instructions.)

	1 Description & Year Acquired	2 Cost	Current Book Depreciation 3	Accumulated Depreciation 4	
86		\$	\$	\$	86
87					87
88					88
89					89
90					90
91	TOTALS	\$	\$	\$	91

G. Construction-in-Progress

	Description	Cost	
92		\$	92
93			93
94			94
95		\$	95

\* Vehicles used to transport residents to & from day training must be recorded in XI-F, not XI-D.

\*\* This must agree with Schedule V line 30, column 8.

SEE ACCOUNTANTS' COMPILATION REPORT



**XII. RENTAL COSTS**

**A. Building and Fixed Equipment (See instructions.)**

1. Name of Party Holding Lease: N/A

2. Does the facility also pay real estate taxes in addition to rental amount shown below on line 7, column 4?

If NO, see instructions.

☐ YES ☐ NO

		1 Year Constructed	2 Number of Beds	3 Date of Lease	4 Rental Amount	5 Total Years of Lease	6 Total Years Renewal Option*	
3	Original Building:				\$			3
4	Additions							4
5								5
6								6
7	TOTAL				\$			7

\*\*

8. List separately any amortization of lease expense included on page 4, line 34.

This amount was calculated by dividing the total amount to be amortized by the length of the lease                     .

9. Option to Buy: ☐ YES ☐ NO Terms:                                     \*

**B. Equipment-Excluding Transportation and Fixed Equipment. (See instructions.)**

15. Is Movable equipment rental included in building rental?

☐ YES ☒ NO

16. Rental Amount for movable equipment: \$ 14,888 Description: Coper - \$10,362; Fax - \$270; Allocated from Mangement company \$4,256

(Attach a schedule detailing the breakdown of movable equipment)

10. Effective dates of current rental agreement:

Beginning                     

Ending                     

11. Rent to be paid in future years under the current rental agreement:

Fiscal Year Ending Annual Rent

12.                      /2004 \$                     

13.                      /2005 \$                     

14.                      /2006 \$                     

**C. Vehicle Rental (See instructions.)**

	1 Use	2 Model Year and Make	3 Monthly Lease Payment	4 Rental Expense for this Period	
17			\$	\$	17
18					18
19					19
20					20
21	TOTAL		\$	\$	21

\* If there is an option to buy the building, please provide complete details on attached schedule.

\*\* This amount plus any amortization of lease expense must agree with page 4, line 34.

SEE ACCOUNTANTS' COMPILATION REPORT

**A. TYPE OF TRAINING PROGRAM** (If aides are trained in another facility program, attach a schedule listing the facility name, address and cost per aide trained in that facility.)

<p><b>1. HAVE YOU TRAINED AIDES DURING THIS REPORT PERIOD?</b></p> <p><input type="checkbox"/> YES      <input checked="" type="checkbox"/> NO</p> <p>It is the policy of this facility to only hire certified nurses aides. If "yes", please complete the remainder of this schedule. If "no", provide an explanation as to why this training was not necessary.</p>	<p><b>2. CLASSROOM PORTION:</b></p> <p>IN-HOUSE PROGRAM <input type="checkbox"/></p> <p>IN OTHER FACILITY <input type="checkbox"/></p> <p>COMMUNITY COLLEGE <input type="checkbox"/></p> <p>HOURS PER AIDE _____</p>	<p><b>3. CLINICAL PORTION:</b></p> <p>IN-HOUSE PROGRAM <input type="checkbox"/></p> <p>IN OTHER FACILITY <input type="checkbox"/></p> <p>HOURS PER AIDE _____</p>
---	--	---

**B. EXPENSES**

**ALLOCATION OF COSTS (d)**

		1	2	3	4
		Facility			
		Drop-outs	Completed	Contract	Total
1	Community College Tuition	\$	\$	\$	\$
2	Books and Supplies				
3	Classroom Wages (a)				
4	Clinical Wages (b)				
5	In-House Trainer Wages (c)				
6	Transportation				
7	Contractual Payments				
8	Nurse Aide Competency Tests				
9	TOTALS	\$	\$	\$	\$
10	SUM OF line 9, col. 1 and 2 (e)	\$			

- (a) Include wages paid during the classroom portion of training. Do not include fringe benefits.  
 (b) Include wages paid during the clinical portion of training. Do not include fringe benefits.  
 (c) For in-house training programs only. Do not include fringe benefits.  
 (d) Allocate based on if the aide is from your facility or is being contracted to be trained in your facility. Drop-out costs can only be for costs incurred by your own aides.

**C. CONTRACTUAL INCOME**

In the box below record the amount of income your facility received training aides from other facilities.

\$ \_\_\_\_\_

**D. NUMBER OF AIDES TRAINED**

COMPLETED	
1. From this facility	
2. From other facilities (f)	
DROP-OUTS	
1. From this facility	
2. From other facilities (f)	
TOTAL TRAINED	

- (e) The total amount of Drop-out and Completed Costs for your own aides must agree with Sch. V, line 13, col. 8.  
 (f) Attach a schedule of the facility names and addresses of those facilities for which you trained aides.  
 SEE ACCOUNTANTS' COMPILATION REPORT

XIV. SPECIAL SERVICES (Direct Cost) (See instructions.)

1		2		3		4		5		6		7		8	
	Service	Schedule V Line & Column Reference	Staff		Outside Practitioner (other than consultant)		Supplies (Actual or Allocated)	Total Units (Column 2 + 4)	Total Cost (Col. 3 + 5 + 6)						
			Units of Service	Cost	Units	Cost									
1	Licensed Occupational Therapist	L10A, C3	hrs	\$	14,731	\$ 224,935	\$	14,731	\$ 224,935	1					
2	Licensed Speech and Language Development Therapist	L10A, C3	hrs		2,789	43,760		2,789	43,760	2					
3	Licensed Recreational Therapist		hrs							3					
4	Licensed Physical Therapist	L10A, C3	hrs		27,543	382,108		27,543	382,108	4					
5	Physician Care		visits							5					
6	Dental Care		visits							6					
7	Work Related Program		hrs							7					
8	Habilitation		hrs							8					
9	Pharmacy	L39, C2	# of prescrpts				172,455		172,455	9					
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							10					
11	Academic Education		hrs							11					
12	Exceptional Care Program									12					
13	Other (specify):									13					
14	TOTAL			\$	45,063	\$ 650,803	\$ 172,455	45,063	\$ 823,258	14					

NOTE: This schedule should include fees (other than consultant fees) paid to licensed practitioners. Consultant fees should be detailed on Schedule XVIII-B. Salaries of unlicensed practitioners, such as nurse aides, who help with the above activities should not be listed on this schedule.

SEE ACCOUNTANTS' COMPILATION REPORT

This report must be completed even if financial statements are attached.

		1 Operating	2 After Consolidation*	
	<b>A. Current Assets</b>			
1	Cash on Hand and in Banks	\$ 476,088	\$ 484,029	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance 524,841 )	1,315,725	1,315,725	3
4	Supply Inventory (priced at )			4
5	Short-Term Investments			5
6	Prepaid Insurance	66,778	66,778	6
7	Other Prepaid Expenses			7
8	Accounts Receivable (owners or related parties)	56,913	55,412	8
9	Other(specify):			9
10	<b>TOTAL Current Assets</b> (sum of lines 1 thru 9)	\$ 1,915,504	\$ 1,921,944	10
	<b>B. Long-Term Assets</b>			
11	Long-Term Notes Receivable			11
12	Long-Term Investments	33,277	33,277	12
13	Land		229,215	13
14	Buildings, at Historical Cost		5,865,346	14
15	Leasehold Improvements, at Historical Cost	736,147	1,027,601	15
16	Equipment, at Historical Cost	300,889	997,026	16
17	Accumulated Depreciation (book methods)	(305,475)	(3,247,301)	17
18	Deferred Charges		180	18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds			21
22	Other Long-Term Assets (specify):			22
23	Other(specify): See attached Schedule E		154,717	23
24	<b>TOTAL Long-Term Assets</b> (sum of lines 11 thru 23)	\$ 764,838	\$ 5,060,061	24
25	<b>TOTAL ASSETS</b> (sum of lines 10 and 24)	\$ 2,680,342	\$ 6,982,005	25

		1 Operating	2 After Consolidation*	
	<b>C. Current Liabilities</b>			
26	Accounts Payable	\$ 406,088	\$ 406,088	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	334,416	334,416	30
31	Accrued Taxes Payable (excluding real estate taxes)	1,581	1,581	31
32	Accrued Real Estate Taxes(Sch.IX-B)		426,000	32
33	Accrued Interest Payable		47,977	33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
	<b>Other Current Liabilities(specify):</b>			
36	See attached Schedule E	405,749	171,611	36
37				37
38	<b>TOTAL Current Liabilities</b> (sum of lines 26 thru 37)	\$ 1,147,834	\$ 1,387,673	38
	<b>D. Long-Term Liabilities</b>			
39	Long-Term Notes Payable			39
40	Mortgage Payable		5,880,416	40
41	Bonds Payable			41
42	Deferred Compensation			42
	<b>Other Long-Term Liabilities(specify):</b>			
43	Interest rate swap liability		486,564	43
44				44
45	<b>TOTAL Long-Term Liabilities</b> (sum of lines 39 thru 44)	\$	\$ 6,366,980	45
46	<b>TOTAL LIABILITIES</b> (sum of lines 38 and 45)	\$ 1,147,834	\$ 7,754,653	46
47	<b>TOTAL EQUITY</b> (page 18, line 24)	\$ 1,532,508	\$ (772,648)	47
48	<b>TOTAL LIABILITIES AND EQUITY</b> (sum of lines 46 and 47)	\$ 2,680,342	\$ 6,982,005	48

SEE ACCOUNTANTS' COMPILATION REPORT

\*(See instructions.)

**Lexington of Schaumburg**  
**Provider # 0036095**  
**1/1/03 - 12/31/03**

**Schedule E**

XV. Balance Sheet

B. Long-Term Assets

23. Other Long-Term Assets

<u>Description</u>	<u>Operating</u>	<u>Consolidation</u>
Unamortized mortgage costs	-	154,717
Total Line 23	-	154,717

C. Current Liabilities

36. Other Current Liabilities

<u>Description</u>	<u>Operating</u>	<u>After Consolidation</u>
Accrued rent	234,138	-
Accrued management fees	36,021	36,021
Accrued 401 (k) contribution	20,251	20,251
Other accrued expenses	115,339	115,339
Total line 36	405,749	171,611

XVII. Income Statement

E. Other Revenue

28. Other Revenue

<u>Description</u>	<u>Amount</u>
Miscellaneous income	1,570
Bed hold, early discharge income	12,325
Total line 28	13,895

**See Accountants' Compilation Report**

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ 1,598,029	1
2	Restatements (describe):		2
3	Rounding differences	(2)	3
4			4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ 1,598,027	6
	<b>A. Additions (deductions):</b>		
7	NET Income (Loss) (from page 19, line 43)	318,568	7
8	Aquisitions of Pooled Companies		8
9	Proceeds from Sale of Stock		9
10	Stock Options Exercised		10
11	Contributions and Grants		11
12	Expenditures for Specific Purposes		12
13	Dividends Paid or Other Distributions to Owners	(384,087)	13
14	Donated Property, Plant, and Equipment		14
15	Other (describe)		15
16	Other (describe)		16
17	TOTAL Additions (deductions) (sum of lines 7-16)	\$ (65,519)	17
	<b>B. Transfers (Itemize):</b>		
18			18
19			19
20			20
21			21
22			22
23	TOTAL Transfers (sum of lines 18-22)	\$	23
24	BALANCE AT END OF YEAR (sum of lines 6 + 17 + 23)	\$ 1,532,508	24

Operating Entity Only

\* This must agree with page 17, line 47.

SEE ACCOUNTANTS' COMPILATION REPORT

## STATE OF ILLINOIS

Page 19

Facility Name &amp; ID Number Lexington of Schaumburg

# 0036095

Report Period Beginning: 01/01/03

Ending:

12/31/03

**XVII. INCOME STATEMENT** (attach any explanatory footnotes necessary to reconcile this schedule to Schedules V and VI.) All required classifications of revenue and expense must be provided on this form, even if financial statements are attached.

**Note:** This schedule should show gross revenue and expenses. Do not net revenue against expense.

1			
	Revenue	Amount	
<b>A. Inpatient Care</b>			
1	Gross Revenue -- All Levels of Care	\$ 10,222,300	1
2	Discounts and Allowances for all Levels	(548,150)	2
3	<b>SUBTOTAL Inpatient Care (line 1 minus line 2)</b>	\$ 9,674,150	3
<b>B. Ancillary Revenue</b>			
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	1,043,554	6
7	Oxygen	1,001	7
8	<b>SUBTOTAL Ancillary Revenue (lines 4 thru 7)</b>	\$ 1,044,555	8
<b>C. Other Operating Revenue</b>			
9	Payments for Education		9
10	Other Government Grants		10
11	Nurses Aide Training Reimbursements		11
12	Gift and Coffee Shop	22,502	12
13	Barber and Beauty Care	28,132	13
14	Non-Patient Meals	32	14
15	Telephone, Television and Radio	7	15
16	Rental of Facility Space		16
17	Sale of Drugs	239,337	17
18	Sale of Supplies to Non-Patients		18
19	Laboratory	16,744	19
20	Radiology and X-Ray	5,158	20
21	Other Medical Services	53,339	21
22	Laundry	5,920	22
23	<b>SUBTOTAL Other Operating Revenue (lines 9 thru 22)</b>	\$ 371,171	23
<b>D. Non-Operating Revenue</b>			
24	Contributions		24
25	Interest and Other Investment Income***	378	25
26	<b>SUBTOTAL Non-Operating Revenue (lines 24 and 25)</b>	\$ 378	26
<b>E. Other Revenue (specify):****</b>			
27	<b>Settlement Income (Insurance, Legal, Etc.)</b>		27
28	<b>See attached Schedule E</b>	13,895	28
28a			28a
29	<b>SUBTOTAL Other Revenue (lines 27, 28 and 28a)</b>	\$ 13,895	29
30	<b>TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)</b>	\$ 11,104,149	30

2			
	Expenses	Amount	
<b>A. Operating Expenses</b>			
31	General Services	1,426,801	31
32	Health Care	4,822,054	32
33	General Administration	2,400,198	33
<b>B. Capital Expense</b>			
34	Ownership	1,712,911	34
<b>C. Ancillary Expense</b>			
35	Special Cost Centers	300,977	35
36	Provider Participation Fee	122,640	36
<b>D. Other Expenses (specify):</b>			
37			37
38			38
39			39
40	<b>TOTAL EXPENSES (sum of lines 31 thru 39)*</b>	\$ 10,785,581	40
41	<b>Income before Income Taxes (line 30 minus line 40)**</b>	318,568	41
42	<b>Income Taxes</b>		42
43	<b>NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)</b>	\$ 318,568	43

\* This must agree with page 4, line 45, column 4.

\*\* Does this agree with taxable income (loss) per Federal Income Tax Return? NO If not, please attach a reconciliation.  
This entity files a cash basis return.

\*\*\* See the instructions. If this total amount has not been offset against interest expense on Schedule V, line 32, please include a detailed explanation. SEE ACCOUNTANTS' COMPILATION REPORT

\*\*\*\*Provide a detailed breakdown of "Other Revenue" on an attached sheet.

Facility Name & ID Number **Lexington of Schaumburg**# **0036095**Report Period Beginning: **01/01/03**Ending: **12/31/03**

12/31/03

**XVIII. A. STAFFING AND SALARY COSTS (Please report each line separately.)**

(This schedule must cover the entire reporting period.)

		1	2**	3	4	
		# of Hrs. Actually Worked	# of Hrs. Paid and Accrued	Reporting Period Total Salaries, Wages	Average Hourly Wage	
1	Director of Nursing	1,897	2,263	\$ 90,916	\$ 40.17	1
2	Assistant Director of Nursing	3,981	4,277	125,207	29.27	2
3	Registered Nurses	45,542	49,822	1,422,755	28.56	3
4	Licensed Practical Nurses	14,185	15,423	359,954	23.34	4
5	Nurse Aides & Orderlies	108,276	114,659	1,407,014	12.27	5
6	Nurse Aide Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides	12,546	13,521	175,616	12.99	8
9	Activity Director	2,038	2,086	31,340	15.02	9
10	Activity Assistants	16,552	17,606	178,922	10.16	10
11	Social Service Workers	3,834	4,064	80,765	19.87	11
12	Dietician	2,022	2,075	26,431	12.74	12
13	Food Service Supervisor	1,934	2,050	31,782	15.50	13
14	Head Cook	1,855	2,156	25,079	11.63	14
15	Cook Helpers/Assistants	11,437	12,685	105,289	8.30	15
16	Dishwashers	17,142	18,292	115,158	6.30	16
17	Maintenance Workers	3,696	4,281	70,095	16.37	17
18	Housekeepers	38,288	41,548	280,449	6.75	18
19	Laundry	9,109	9,677	59,217	6.12	19
20	Administrator	1,754	1,980	94,672	47.81	20
21	Assistant Administrator					21
22	Other Administrative	714	717	94,211	131.40	22
23	Office Manager					23
24	Clerical	23,647	27,330	540,072	19.76	24
25	Vocational Instruction					25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)					28
29	Resident Services Coordinator					29
30	Habilitation Aides (DD Homes)					30
31	Medical Records					31
32	Other Health Care(specify)					32
33	Other(specify)					33
34	TOTAL (lines 1 - 33)	320,449	346,512	\$ 5,314,944 *	\$ 15.34	34

\* This total must agree with page 4, column 1, line 45.

\*\* See instructions.

**B. CONSULTANT SERVICES**

		1	2	3	
		Number of Hrs. Paid & Accrued	Total Consultant Cost for Reporting Period	Schedule V Line & Column Reference	
35	Dietary Consultant	264	\$ 14,486	L1, C3	35
36	Medical Director	Monthly	24,000	L9, C3	36
37	Medical Records Consultant	17	850	L10, C3	37
38	Nurse Consultant				38
39	Pharmacist Consultant	Monthly	1,200	L10, C3	39
40	Physical Therapy Consultant				40
41	Occupational Therapy Consultant				41
42	Respiratory Therapy Consultant				42
43	Speech Therapy Consultant				43
44	Activity Consultant	Monthly	3,466	L11, C3	44
45	Social Service Consultant	Monthly	2,203	L12, C3	45
46	Other(specify)				46
47					47
48					48
49	TOTAL (lines 35 - 48)	281	\$ 46,205		49

**C. CONTRACT NURSES**

		1	2	3	
		Number of Hrs. Paid & Accrued	Total Contract Wages	Schedule V Line & Column Reference	
50	Registered Nurses		\$		50
51	Licensed Practical Nurses		N/A		51
52	Nurse Aides				52
53	TOTAL (lines 50 - 52)		\$		53

SEE ACCOUNTANTS' COMPILATION REPORT



Facility Name &amp; ID Number Lexington of Schaumburg

# 0036095

Report Period Beginning: 01/01/03

Ending: 12/31/03

## XIX. SUPPORT SCHEDULES

A. Administrative Salaries		Ownership %	Amount	D. Employee Benefits and Payroll Taxes		F. Dues, Fees, Subscriptions and Promotions		
Name	Function			Description	Amount	Description	Amount	
Karen Scales	Administrator	0.00%	\$ 94,672	Workers' Compensation Insurance	\$ 80,137	IDPH License Fee	\$ 6,480	
John Samatas	Admin/Plant Ops	22.33%	22,167	Unemployment Compensation Insurance	28,232	Advertising: Employee Recruitment	18,143	
James Samatas	Administrative	22.33%	35,468	FICA Taxes	384,409	Health Care Worker Background Check (Indicate # of checks performed <u>36</u> )	540	
Cynthia Thiem	Administrative	22.34%	17,734	Employee Health Insurance	338,940	Miscellaneous Licenses & Permits	811	
George Samatas	Administrative	0.00%	5,320	Employee Meals	11,734	Miscellaneous Dues & Subscriptions	363	
Jason Samatas	Administrative	0.00%	13,522	Illinois Municipal Retirement Fund (IMRF)* 401(k) Contribution	23,045			
				Other employee benefits	9,227			
TOTAL (agree to Schedule V, line 17, col. 1) (List each licensed administrator separately.)			\$ 188,883			Allocated from management company	662	
B. Administrative - Other						Less: Public Relations Expense ( )		
Description			Amount			Non-allowable advertising ( )		
Management fees (eliminated in column 7)			\$ 437,409			Yellow page advertising ( )		
				TOTAL (agree to Schedule V, line 22, col.8)		\$ 875,724		
TOTAL (agree to Schedule V, line 17, col. 3) (Attach a copy of any management service agreement)			\$ 437,409	E. Schedule of Non-Cash Compensation Paid to Owners or Employees		G. Schedule of Travel and Seminar**		
C. Professional Services				Description	Line #	Amount	Description	Amount
Vendor/Payee	Type		Amount					
Altschuler, Melvoin & Glasser LLP	Accounting		\$ 21,810	N/A			Out-of-State Travel	\$
Amalgamated Bank	Bond Admin Fee		552					
American Express Tax & Bus. Svcs.	Accounting		5,760				In-State Travel	
Carilyn Jeschke	Staffing Consultant		2,823					
Freedman, Anselmo & Lindberg	Collections		3,513					
Gilson, Labus & Silverman	Accounting		78					
ING	401(k) Administration		765				Seminar Expense	4,590
Scott & Krause	Legal		542					
Moody's	Bond Rating Fee		644				Allocated from management company	2,968
Personnel Planners	U/C Consulting		1,215				Entertainment Expense ( )	
James Samatas	Legal		123				(agree to Sch. V, line 24, col. 8)	
See attached Schedule F			20,321				TOTAL	\$ 7,558
TOTAL (agree to Schedule V, line 19, column 3) (If total legal fees exceed \$2500 attach copy of invoices.)			\$ 58,146	TOTAL		\$		

\* Attach copy of IMRF notifications  
SEE ACCOUNTANTS' COMPILATION REPORT

\*\*See instructions.

Lexington Health Care Center of Schaumburg, Inc.  
 Provider # 0036095  
 1/1/2003 to 12/31/2003

**Schedule F**

XIX. Support Schedules  
 C. Professional Services

<u>Vendor/Payee</u>	<u>Type</u>	<u>Amount</u>
Sachnoff & Weaver	Legal	9,662
Katten, Muchin, Zavis and Rosenman	Legal	4,704
Krakau Business	Computer Consulting	493
eHealth Solutions	Computer Consulting	1,080
AdminaStar Federal	Computer Consulting	378
Answers on Demand	Computer Consulting	2,653
Gigatrend, Inc.	Computer Consulting	195
Information Controls, Inc.	Computer Consulting	1,156
Total Other Professional Services		<u>20,321</u>
Total, Agrees to Schedule V, Line 19, Column 3		58,146
Allocated from management co.		
American Express Tax & Business Services	Accounting	623
Gilson, Labus and Silverman	Accounting	57
James Samatas	Legal	77
Katten, Muchin, Zavis and Rosenman	Legal	72
Sachnoff and Weaver	Legal	566
ING / Pension Administrators	401 (k) Administration	764
Various	Consulting	701
Various	Computer Consulting	8,740
Allocated from building partnership		
McCracken, Walsh, de LaVan & Hetler	Legal - related to real estate tax refund	3,809
Associated Property Consultants	Appraisal fee	1,800
James Samatas, Attorney at Law	Legal	86
Nonallowable legal fees		
Freedman, Anselmo, & Lindberg	Legal-collection fees	(3,513)
Sachnoff and Weaver	Legal-out of period	(1,001)
Katten, Muchin, Zavis and Rosenman	Legal-out of period	(285)
Reclassifications		
McCracken, Walsh, de LaVan & Hetler	Legal - related to real estate tax refund	(3,809)
Total, Agrees to Schedule V, Line 19, Column 8		<u>66,833</u>

**See Accountants' Compilation Report.**

**XIX-H. SUPPORT SCHEDULE - DEFERRED MAINTENANCE COSTS** (which have been included in Sch. V, line 6, col. 3).  
(See instructions.)

	1	2	3	4	5	6	7	8	9	10	11	12	13
	Improvement Type	Month & Year Improvement Was Made	Total Cost	Useful Life	Amount of Expense Amortized Per Year								
					FY2000	FY2001	FY2002	FY2003	FY2004	FY2005	FY2006	FY2007	FY2008
1	Painting & decorating	Various 2001	\$ 1,078	3 yrs	\$	\$ 180	\$ 359	\$ 359	\$ 180	\$	\$	\$	\$
2													
3													
4													
5													
6													
7													
8													
9													
10													
11													
12													
13													
14													
15													
16													
17													
18													
19													
20	TOTALS		\$ 1,078		\$	\$ 180	\$ 359	\$ 359	\$ 180	\$	\$	\$	\$

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Lexington of Schaumburg

STATE OF ILLINOIS

# 0036095

Report Period Beginning:

01/01/03

Ending:

Page 23

12/31/03

**XX. GENERAL INFORMATION:**

- (1) Are nursing employees (RN,LPN,NA) represented by a union? No
- (2) Are there any dues to nursing home associations included on the cost report? No  
If YES, give association name and amount. N/A
- (3) Did the nursing home make political contributions or payments to a political organization? No If YES, have these costs been properly adjusted out of the cost report? N/A
- (4) Does the bed capacity of the building differ from the number of beds licensed at the end of the fiscal year? No If YES, what is the capacity? N/A
- (5) Have you properly capitalized all major repairs and equipment purchases? N/A  
What was the average life used for new equipment added during this period? 7.5 years
- (6) Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V. \$ 69,447 Line 10
- (7) Have all costs reported on this form been determined using accounting procedures consistent with prior reports? Yes If NO, attach a complete explanation.
- (8) Are you presently operating under a sale and leaseback arrangement? No  
If YES, give effective date of lease. N/A
- (9) Are you presently operating under a sublease agreement? YES X NO
- (10) Was this home previously operated by a related party (as is defined in the instructions for Schedule VII)? YES NO X If YES, please indicate name of the facility, IDPH license number of this related party and the date the present owners took over n/a
- (11) Indicate the amount of the Provider Participation Fees paid and accrued to the Department of Public Aid during this cost report period. \$ 122,640  
This amount is to be recorded on line 42 of Schedule V.
- (12) Are there any salary costs which have been allocated to more than one line on Schedule V for an individual employee? No If YES, attach an explanation of the allocation.

SEE ACCOUNTANTS' COMPILATION REPORT

- (13) Have costs for all supplies and services which are of the type that can be billed to the Department of Public Aid, in addition to the daily rate, been properly classified in the Ancillary Section of Schedule V? Yes
- (14) Is a portion of the building used for any function other than long term care services for the patient census listed on page 2, Section B? No For example, is a portion of the building used for rental, a pharmacy, day care, etc.) If YES, attach a schedule which explains how all related costs were allocated to these functions
- (15) Indicate the cost of employee meals that has been reclassified to employee benefit: on Schedule V. \$ 11,734 Has any meal income been offset against related costs? Yes Indicate the amount. \$ 32
- (16) Travel and Transportation  
a. Are there costs included for out-of-state travel? No  
If YES, attach a complete explanation.  
b. Do you have a separate contract with the Department to provide medical transportation for residents? No If YES, please indicate the amount of income earned from such a program during this reporting period. \$ N/A  
c. What percent of all travel expense relates to transportation of nurses and patients? 0%  
d. Have vehicle usage logs been maintained? Adequate records have been maintained  
e. Are all vehicles stored at the nursing home during the night and all other times when not in use? Yes  
f. Has the cost for commuting or other personal use of autos been adjusted out of the cost report? N/A  
g. Does the facility transport residents to and from day training? No  
Indicate the amount of income earned from providing such transportation during this reporting period. \$ N/A
- (17) Has an audit been performed by an independent certified public accounting firm? No  
Firm Name: N/A The instructions for the cost report require that a copy of this audit be included with the cost report. Has this copy been attached? N/A If no, please explain. N/A
- (18) Have all costs which do not relate to the provision of long term care been adjusted out of Schedule V? Yes
- (19) If total legal fees are in excess of \$2500, have legal invoices and a summary of services performed been attached to this cost report? Yes  
Attach invoices and a summary of services for all architect and appraisal fees.

## RECONCILIATION REPORT

Lexington of Schaumbur

12:22 PM

11/4/2005

ITEM	Value 1	Cond.	Value 2	Difference	RESULTS	COMPARE CEL	SUB-SCHED.	LINE NO.	COL. NO.	WITH CELL	SUB-SCHED.	LINE NO.	COL. NO.
Adjustment Detail	-1,009,812	equal to	-1,009,812	0	O.K.	Pg5 Z22	B.	37	1	Pg4 K29	N/A	45	7
Interest Expense	403,392	equal to	403,392	0	O.K.	Pg9 P34	A.	15	10	Pg4 L13	N/A	32	8
Real Estate Tax Expenses	421,432	equal to	421,432	0	O.K.	Pg10 W24	B.	5	N/A	Pg4 L14	N/A	33	8
Amortization exp. Pre-opening & org.	N/A	equal to	0	#VALUE!	#VALUE!	Pg11 I33	E.	3	N/A	Pg4 L12	N/A	31	8
Ownership Costs-Depreciation	271,965	equal to	271,965	0	O.K.	Pg13 Y28	E.	49	2	Pg4 L11	N/A	30	8
Rental Costs A	0	equal to	0	0	O.K.	Pg14 L20+N22	A.	7 + 8	4+N/A	Pg4 L15	N/A	34	8
Rental Costs B	14,888	equal to	14,888	0	O.K.	Pg14 J30+N40	B. + C.	16+21	N/A+4	Pg4 L16	N/A	35	8
Nurse Aid Training Prog.	0	equal to	0	0	O.K.	Pg15 L36	B.	10	1	Pg3 L23	N/A	13	8
Special Serv. - Staff Wages		equal to		0	O.K.	Pg16 N32	N/A	14	3	Pg4 E22	N/A	39	1
Therapy Services	650,803	equal to	650,803	0	O.K.	Pg16 Z12+Z14..	N/A,B	1-4,40-43	8;2	Pg3 H20	N/A	10a	4
Special Serv. - Supplies	172,455	equal to	#VALUE!	#VALUE!	#VALUE!	Pg16 V32	N/A	14	6	Pg4 F22 + Pg 3	N/A	39,10a	2
Income Stat. General Serv.	1,426,801	equal to	1,426,801	0	O.K.	Pg19 P11	N/A	31	2	Pg3 H16	N/A	8	4
Income Stat. Health Care	4,822,054	equal to	4,822,054	0	O.K.	Pg19 P12	N/A	32	2	Pg3 H26	N/A	16	4
Income Stat. Admininstation	2,400,198	equal to	2,400,198	0	O.K.	Pg19 P13	N/A	33	2	Pg3 H39	N/A	28	4
Income Stat. Ownership	1,712,911	equal to	1,712,911	0	O.K.	Pg19 P15	N/A	34	2	Pg4 H18	N/A	37	4
Income Stat. Special Cost Ctr	300,977	equal to	300,977	0	O.K.	Pg19 P17	N/A	35	2	Pg4 H21..H24+	N/A	38to41+43	4
Income Stat. Prov. Partic.	122,640	equal to	122,640	0	O.K.	Pg19 P18	N/A	36	2	Pg4 H25	N/A	42	4
Staff- Nursing	3,405,846	equal to	3,581,462	-175,616	FAILED	Pg20 K11..K15+	A.	1-5,24,25,27-30	3	Pg3 E19	N/A	10	1
Staff- Nurse aide Training	0	< or = to	0	0	O.K.	Pg20 K16	A.	6	3	Pg3 E23	N/A	13	1
Staff-Licensed Therapist	0	equal to	0	0	O.K.	Pg20 K17	A.	7	3	Pg4 E22	N/A	39	1
Staff- Activities	210,262	equal to	210,262	0	O.K.	Pg20 K19+K20	A.	9+10	3	Pg3 E21	N/A	11	1
Staff- Social Serv. Workers	80,765	equal to	80,765	0	O.K.	Pg20 K21	A.	11	3	Pg3 E22	N/A	12	1
Staff- Dietary	303,739	equal to	303,739	0	O.K.	Pg20 K22..K26	A.	16-Dec	3	Pg3 E9	N/A	1	1
Staff- Maintenance	70,095	equal to	70,095	0	O.K.	Pg20 K27	A.	17	3	Pg3 E14	N/A	6	1
Staff- Housekeeping	280,449	equal to	280,449	0	O.K.	Pg20 K28	A.	18	3	Pg3 E11	N/A	3	1
Staff- Laundry	59,217	equal to	59,217	0	O.K.	Pg20 K29	A.	19	3	Pg3 E12	N/A	4	1
Staff- Administrative	188,883	equal to	188,883	0	O.K.	Pg20 K30..K32	A.	20-22	3	Pg3 E28	N/A	17	1
Staff- Clerical	540,072	equal to	540,072	0	O.K.	Pg20 K33..K34	A.	23+24	3	Pg3 E32	N/A	21	1
Staff- Medical Director	0	equal to	0	0	O.K.	Pg20 K37	A.	27	3	Pg3 E18	N/A	9	1
Total Salaries And Wages	5,314,944	equal to	5,314,944	0	O.K.	Pg20 K44	A.	34	3	Pg4 E29	N/A	45	1
Dietary Consultant	14,486	< or = to	14,486	0	O.K.	Pg20 X12	B.	35	2	Pg3 G9	N/A	1	3
Medical Director	24,000	< or = to	24,000	0	O.K.	Pg20 X13	B.	36	2	Pg3 G18	N/A	9	3
Consultants & contractors	2,050	< or = to	25,908	-23,858	O.K.	Pg20 X14..X16+	B. & C.	37to39 and 50to5	2	Pg3 G19	N/A	10	3
Activity Consultant	3,466	< or = to	3,466	0	O.K.	Pg20 X21	B.	44	2	Pg3 G21	N/A	11	3
Social Service Consultant	2,203	< or = to	2,203	0	O.K.	Pg20 X22	B.	45	2	Pg3 G22	N/A	12	3
Supp. Sched. - Admin. Salar.	188,883	equal to	188,883	0	O.K.	Pg21 I16	A.	N/A	N/A	Pg3 E28	N/A	17	1
Supp. Sched. - Admin. Other	437,409	equal to	437,409	0	O.K.	Pg21 I24	B.	N/A	N/A	Pg3 G28	N/A	17	3
Supp. Sched. - Prof. Serv.	58,146	equal to	58,146	0	O.K.	Pg21 I41	C.	N/A	N/A	Pg3 G30	N/A	19	3
Supp. Sched. - Benefit/Taxes	875,724	equal to	875,724	0	O.K.	Pg21 P22	D.	N/A	N/A	Pg3 L33	N/A	22	8
Supp. Sched. - Sched of dues..	26,999	equal to	26,999	0	O.K.	Pg21 V22	F.	N/A	N/A	Pg3 L31	N/A	20	8
Supp. Sched. - Sched. of trav	7,558	equal to	7,558	0	O.K.	Pg21 V41	G.	N/A	N/A	Pg3 L35	N/A	24	8
Gen. Info - Particip. Fees	122,640	equal to	122,640	0	O.K.	Pg23 I38	N/A	11	N/A	Pg4 G25	N/A	42	3
Gen. Info - Employee Meals	11,734	< or = to	80,346	-68,612	O.K.	Pg23 S16	N/A	16	N/A	Pg3 K33	N/A	2 & 22	7
Gen. Info - Employee Meals	11,734	equal to	11,734	0	O.K.	Pg23 S16	N/A	16	N/A	Pg21 P12	D.	N/A	N/A
Nurse aide training	0	equal to	0	0	O.K.	Pg15 U29..U31	B.	3, 4 & 5	4	Pg3 E23	N/A	13	1
Days of medicare provided	6,346	equal to	7,000	-654	FAILED	Pg2 AB29	K.	N/A	N/A	Pg2 J30	B.	8	4
Adjustment for related org. costs	-1,036,352	equal to	-1,036,352	0	O.K.	Pg5 Z18	B.	34	1	Pg6 to Pg 6I Y4(	B.	14	8
Total loan balance	5,880,416	equal to	5,880,416	0	O.K.	Pg9 L34	A.	15	7	Pg17 V13+V27..	N/A	29+39-41	2
Real estate tax accrual	426,000	equal to	426,000	0	O.K.	Pg10 W15	B.	4	N/A	Pg17 V17	N/A	32	2
Land	229,215	equal to	229,215	0	O.K.	Pg11 T43	A.	3	4	Pg17 K25	N/A	13	2
Building cost	6,892,947	equal to	6,892,947	0	O.K.	Pg12 to 12I L43	B.	36	4	Pg17 K26+K27	N/A	14 & 15	2
Equipment and vehicle cost	997,026	equal to	997,026	0	O.K.	Pg13 O22+L13	C. & D.	41 + 46	1 + 4	Pg17 K28	N/A	16	2
Accumulated depr.	3,247,301	equal to	3,247,301	0	O.K.	Pg13 Y30	E.	51	2	Pg17 K29	N/A	17	2
End of year equity	1,532,508	equal to	1,532,508	0	O.K.	Pg18 I33	N/A	24	1	Pg17 S39	N/A	47	1
Net income (loss)	318,568	equal to	318,568	0	O.K.	Pg18 I15	N/A	7	1	Pg19 P30	N/A	43	2
Unamortized deferred maint. cost	180	equal to	180	0	O.K.	Pg22 F31-J31..S	H.	20	3	Pg17 K30	N/A	18	2
Balance Sheet	2,680,342	equal to	2,680,342	0	O.K.	Pg17 H41		25	1	Pg17 S41	N/A	48	1

Enter Core Center Expenses	<b>You must check the SUPPORT CASE. That's done by the COST EXPERTS.</b>			12-22-04 PM
Hick name	Name	Percentage of the salary		
Cash payment	<input type="text"/> From	<input type="text"/> to	<input type="text"/>	Base Number
Enter an amount of \$1000, enter a 1 or add 1				
Current last days	\$1,760	percentage	75.00%	81.67%
Enter Last Day Support/Hours	0			
Card Services Salary/Hr/age	710.000 Card L Line 9 - (check all)			
Card Admin Salary/Hr/age	700.000 Card L Line 28 - (check all)			
Total Salary Hrs	6.000000 Card L Line 40 - (check all)			
Employee Benefits	497.700 Card L Line 33 - (check all)			
Total General Services	1,607.700 Card L Line 9 - (check all)			
Total General Admin	2,000.000 Card L Line 28 - (check all)			

[illegible][illegible][illegible][illegible]

Lipid metabolism		
Gene	Conserved	Conserved
Accession	Accession	Accession
262	1.11-102	1.10-103
263	1.11-103	1.10-104
264	1.11-101	1.10-106
265	1.10-102	1.10-107
266	1.10-102	1.10-107
267	1.10-102	1.10-108
268	1.11-101	1.10-109
269	1.10-107	1.11-104
270	1.10-107	1.11-105
271	1.10-107	1.11-106
272	1.10-107	1.11-107
273	1.10-107	1.11-108
274	1.10-107	1.11-109
275	1.10-107	1.11-110
276	1.10-107	1.11-111
277	1.10-107	1.11-112
278	1.10-107	1.11-113
279	1.10-107	1.11-114
280	1.10-107	1.11-115
281	1.10-107	1.11-116
282	1.10-107	1.11-117
283	1.10-107	1.11-118
284	1.10-107	1.11-119
285	1.10-107	1.11-120
286	1.10-107	1.11-121
287	1.10-107	1.11-122
288	1.10-107	1.11-123
289	1.10-107	1.11-124
290	1.10-107	1.11-125
291	1.10-107	1.11-126
292	1.10-107	1.11-127
293	1.10-107	1.11-128
294	1.10-107	1.11-129
295	1.10-107	1.11-130
296	1.10-107	1.11-131
297	1.10-107	1.11-132
298	1.10-107	1.11-133
299	1.10-107	1.11-134
300	1.10-107	1.11-135
301	1.10-107	1.11-136
302	1.10-107	1.11-137
303	1.10-107	1.11-138
304	1.10-107	1.11-139
305	1.10-107	1.11-140
306	1.10-107	1.11-141
307	1.10-107	1.11-142
308	1.10-107	1.11-143
309	1.10-107	1.11-144
310	1.10-107	1.11-145
311	1.10-107	1.11-146
312	1.10-107	1.11-147
313	1.10-107	1.11-148
314	1.10-107	1.11-149
315	1.10-107	1.11-150
316	1.10-107	1.11-151
317	1.10-107	1.11-152
318	1.10-107	1.11-153
319	1.10-107	1.11-154
320	1.10-107	1.11-155
321	1.10-107	1.11-156
322	1.10-107	1.11-157
323	1.10-107	1.11-158
324	1.10-107	1.11-159
325	1.10-107	1.11-160
326	1.10-107	1.11-161
327	1.10-107	1.11-162
328	1.10-107	1.11-163
329	1.10-107	1.11-164
330	1.10-107	1.11-165
331	1.10-107	1.11-166
332	1.10-107	1.11-167
333	1.10-107	1.11-168
334	1.10-107	1.11-169
335	1.10-107	1.11-170
336	1.10-107	1.11-171
337	1.10-107	1.11-172
338	1.10-107	1.11-173
339	1.10-107	1.11-174
340	1.10-107	1.11-175
341	1.10-107	1.11-176
342	1.10-107	1.11-177
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346	1.10-107	1.11-181
347	1.10-107	1.11-182
348	1.10-107	1.11-183
349	1.10-107	1.11-184
350	1.10-107	1.11-185
351	1.10-107	1.11-186
352	1.10-107	1.11-187
353	1.10-107	1.11-188
354	1.10-107	1.11-189
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363	1.10-107	1.11-198
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365	1.10-107	1.11-200
366	1.10-107	1.11-201
367	1.10-107	1.11-202
368	1.10-107	1.11-203
369	1.10-107	1.11-204
370	1.10-107	1.11-205
371	1.10-107	1.11-206
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373	1.10-107	1.11-208
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420	1.10-107	1.11-255
421	1.10-107	1.11-256
422	1.10-107	1.11-257
423	1.10-107	1.11-258
424	1.10-107	1.11-259
425	1.10-107	1.11-260
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461	1.10-107	1.11-296
462	1.10-107	1.11-297
463	1.10-107	1.11-298
464	1.10-107	1.11-299
465	1.10-107	1.11-300
466	1.10-107	1.11-301
467	1.10-107	1.11-302
468	1.10-107	1.11-303
469	1.10-107	1.11-304
470	1.10-107	1.11-305
471	1.10-107	1.11-306
472	1.10-107	1.11-307
473	1.10-107	1.11-308
474	1.10-107	1.11-309
475	1.10-107	1.11-310
476	1.10-107	1.11-311
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485	1.10-107	1.11-320
486	1.10-107	1.11-321
487	1.10-107	1.11-322
488	1.10-107	1.11-323
489	1.10-107	1.11-324
490	1.10-107	1.11-325
491	1.10-107	1.11-326
492	1.10-107	1.11-327
493	1.10-107	1.11-328
494	1.10-107	1.11-329
495	1.10-107	1.11-330
496	1.10-107	1.11-331
497	1.10-107	1.11-332
498	1.10-107	1.11-333
499	1.10-107	1.11-334
500	1.10-107	1.11-335
501	1.10-107	1.11-336
502	1.10-107	1.11-337
503	1.10-107	1.11-338
504	1.10-107	1.11-339
505	1.10-107	1.11-340
506	1.10-107	1.11-341
507	1.10-107	1.11-342
508	1.10-107	1.11-343
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515	1.10-107	1.11-350
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524	1.10-107	1.11-359
525	1.10-107	1.11-360
526	1.10-107	1.11-361
527	1.10-107	1.11-362
528	1.10-107	1.11-363
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532	1.10-107	1.11-367
533	1.10-107	1.11-368
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536	1.10-107	1.11-371
537	1.10-107	1.11-372
538	1.10-107	1.11-373
539	1.10-107	1.11-374
540	1.10-107	1.11-375
541	1.10-107	1.11-376
542	1.10-107	1.11-377
543	1.10-107	1.11-378
544	1.10-107	1.11-379
545	1.10-107	1.11-380
546	1.10-107	1.11-381
547	1.10-107	1.11-382
548	1.10-107	1.11-383
549	1.10-107	1.11-384
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554	1.10-107	1.11-389
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559	1.10-107	1.11-394
560	1.10-107	1.11-395
561	1.10-107	1.11-396
562	1.10-107	1.11-397
563	1.10-107	1.11-398
564	1.10-107	1.11-399
565	1.10-107	1.11-400
566	1.10-107	1.11-401
567	1.10-107	1.11-402
568	1.10-107	1.11-403
569	1.10-107	1.11-404
570	1.10-107	1.11-405
571	1.10-107	1.11-406
572	1.10-107	1.11-407
573	1.10-107	1.11-408
574	1.10-107	1.11-409
575	1.10-107	1.11-410
576	1.10-107	1.11-411
577	1.10-107	1.11-412
578	1.10-107	1.11-413
579	1.10-107	1.11-414
580	1.10-107	1.11-415
581	1.10-107	1.11-416
582	1.10-107	1.11-417
583	1.10-107	1.11-418
584	1.10-107	1.11-419
585	1.10-107	1.11-420
5		

Total:

Level	75th Percentile
2	37.35
3	36.56
4	37.35
6	32.63
8	43.83
7	43.83
8	43.83
9	38.55
10	40.06
11	38.85

Table 1. Mean (SD) of the 1000-MHz  $^1\text{H}$  NMR spectra of the samples.

Case	Time	
	Preparation	Execution
2	15.30	
3	12.75	
4	15.30	
5	10.45	
6	40.45	
7	45.45	
8	45.45	
9	17.00	
10	16.00	
11	12.75	

Capital Data Section

YOU HAVE CHOSEN THE CAPITAL CALC. THAT IS LIMITED TO THE COST-BENEFIT METHOD

11/10/2022

10:22:48 PM

Change your choice!

Costs Included On Pages 12 THRU 12D EXCEPT AT CELL 12C

Facility Name

12A

12B

12C

12D

12E

12F

12G

12H

12I

12J

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12L

12M

12N

12O

12P

12Q

12R

12S

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12U

12V

12W

12X

12Y

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12AA

12AB

12AC

12AD

12AE

12AF

12AG

12AH

12AI

12AJ

12AK

12AL

12AM

12AN

12AO

12AP

12AQ

12AR

12AS

12AT

12AU

12AV

12AW

12AX

12AY

12AZ

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12BU

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12BX

12BY

12BZ

12CA

12CB

12CC

12CD

12CE

12CF

12CG

12CH

12CI

12CJ

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12CL

12CM

12CN

12CO

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CAPITAL CALCULATIONS

11/10/2022

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Change your choice!

Costs Included On Pages 12 THRU 12D EXCEPT AT CELL 12C

Facility Name

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	Salaries	Supplies	Other	Total	Reclass- ifications	Reclassified Total	Adjusted Adjustments	Adjusted Total
1. Dietary	303,739	39,002	14,486	357,227	0	357,227	0	357,227
2. Food Purchase	0	289,977	0	289,977	0	289,977	-11,766	278,211
3. Housekeeping	280,449	38,996	0	319,445	0	319,445	390	319,835
4. Laundry	59,217	20,697	0	79,914	0	79,914	-5,920	73,994
5. Heat and Other Utilities	0	0	204,255	204,255	0	204,255	3,911	208,166
6. Maintenance	70,095	0	105,888	175,983	0	175,983	2,847	178,830
7. Other (specify)*	0	0	0	0	0	0	0	0
8. Total General Services	713,500	388,672	324,629	1,426,801	0	1,426,801	-10,538	1,416,263
9. Medical Director	0	0	24,000	24,000	0	24,000	0	24,000
10. Nursing & Medical Records	3,581,462	221,775	25,908	3,829,145	0	3,829,145	0	3,829,145
10a. Therapy	0	0	650,803	650,803	0	650,803	0	650,803
11. Activities	210,262	21,410	3,466	235,138	0	235,138	0	235,138
12. Social Services	80,765	0	2,203	82,968	0	82,968	0	82,968
13. Nurse Aide Training	0	0	0	0	0	0	0	0
14. Program Transportation	0	0	0	0	0	0	0	0
15. Other (specify)*	0	0	0	0	0	0	0	0
16. Total Health Care & Programs	3,872,489	243,185	706,380	4,822,054	0	4,822,054	0	4,822,054
17. Administrative	188,883	0	437,409	626,292	0	626,292	-437,409	188,883
18. Directors Fees	0	0	0	0	0	0	0	0
19. Professional Services	0	0	58,146	58,146	0	58,146	8,687	66,833
20. Fees, Subscriptions & Promotion	0	0	26,143	26,143	0	26,143	856	26,999
21. Clerical & General Office	540,072	0	66,032	606,104	0	606,104	22,720	628,824
22. Employee Benefits & Payroll	0	0	795,378	795,378	0	795,378	80,346	875,724
23. Inservice Training & Education	0	0	0	0	0	0	0	0
24. Travel and Seminar	0	0	4,590	4,590	0	4,590	2,968	7,558
25. Other Admin. Staff Trans	0	0	0	0	0	0	9,803	9,803
26. Insurance-Prop.Liab.Malpractice	0	0	283,545	283,545	0	283,545	3,839	287,384
27. Other (specify)*	0	0	0	0	0	0	0	0
28. Total General Adminis	728,955	0	1,671,243	2,400,198	0	2,400,198	-308,190	2,092,008
29. Total General Administrative	5,314,944	631,857	2,702,252	8,649,053	0	8,649,053	-318,728	8,330,325
30. Depreciation	0	0	71,374	71,374	0	71,374	200,591	271,965
31. Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0
32. Interest	0	0	15,206	15,206	0	15,206	388,186	403,392
33. Real Estate	0	0	0	0	0	0	421,432	421,432
34. Rent - Facility & Grounds	0	0	1,615,699	1,615,699	0	1,615,699	-1,615,699	0
35. Rent - Equipment & Vehicles	0	0	10,632	10,632	0	10,632	4,256	14,888
36. Other (specify):*	0	0	0	0	0	0	0	0
37. Total Ownership	0	0	1,712,911	1,712,911	0	1,712,911	-601,234	1,111,677
38. Medically Necessary T	0	0	0	0	0	0	0	0
39. Ancillary Service Cent	0	172,455	0	172,455	0	172,455	0	172,455
40. Barber and Beauty Shop	0	0	23,872	23,872	0	23,872	0	23,872
41. Coffee and Gift Shops	0	0	14,800	14,800	0	14,800	0	14,800
42. Provider Participation	0	0	122,640	122,640	0	122,640	0	122,640
43. Other (specify):*	0	0	89,850	89,850	0	89,850	-89,850	0
44. Total Special Cost Ce	0	172,455	251,162	423,617	0	423,617	-89,850	333,767
45. Grand Total	5,314,944	804,312	4,666,325	10,785,581	0	10,785,581	-1,009,812	9,775,769



	After	
	Operating	Consolidation
General Service Cost Center		
1. Cash on hand and in banks	476,088	484,029
2. Cash - Patient Deposits	0	0
3. Accounts & Notes Receivable	1,315,725	1,315,725
4. Supply Inventory	0	0
5. Short-Term Investments	0	0
6. Prepaid Insurance	66,778	66,778
7. Other Prepaid Expenses	0	0
8. Accounts Receivable-Owner/Related Party	56,913	55,412
9. Other (specify):	0	0
10. Total current assets	1,915,504	1,921,944
LONG TERM ASSETS		
11. Long-Term Notes Receivable	0	0
12. Long-Term Investments	33,277	33,277
13. Land	0	229,215
14. Buildings, at Historical Cost	0	5,865,346
15. Leasehold Improvements, Historical Cost	736,147	1,027,601
16. Equipment, at Historical Cost	300,889	997,026
17. Accumulated Depreciation (book methods)	-305,475	-3,247,301
18. Deferred Charges	0	180
19. Organization & Pre-Operating Costs	0	0
20. Accum Amort - Org/Pre-Op Costs	0	0
21. Restricted Funds	0	0
22. Other Long-Term Assets (specify):	0	0
23. other (specify):	0	154,717
24. Total Long-Term Assets	764,838	5,060,061
25. Total Assets	2,680,342	6,982,005
CURRENT LIABILITIES		
26. Accounts Payable	406,088	406,088
27. Officer's Accounts Payable	0	0
28. Accounts Payable-Patients Deposits	0	0
29. Short-Term Notes Payable	0	0
30. Accrued Salaries Payable	334,416	334,416
31. Accrued Taxes Payable	1,581	1,581
32. Accrued Real Estate Taxes	0	426,000
33. Accrued Interest Payable	0	47,977
34. Deferred Compensation	0	0
35. Federal and State Income Taxes	0	0
36. Other Current Liabilities (specify):	405,749	171,611
37. Other Current Liabilities (specify):	0	0
38. Total Current Liabilities	1,147,834	1,387,673
LONG TERM LIABILITES		
39. Long-Term Notes Payable	0	0
40. Mortgage Payable	0	5,880,416
41. Bonds Payable	0	0
42. Deferred Compensation	0	0
43. Other Long-Term Liabilities (specify):	0	486,564
44. Other Long-Term Liabilities (specify):	0	0
45. Total Long-Term Liabilities	0	6,366,980
46. Total Liabilities	1,147,834	7,754,653
47. Total Equity	1,532,508	-772,648
48. Total Liabilities and Equity	2,680,342	6,982,005

	Balance per Medicaid Trial Balance
1. Gross Revenue - All levels of Care	10,222,300
2. Discounts and Allowances for all Levels	-548,150
Subtotal - Inpatient Care	9,674,150
4. Day Care	0
5. Other Care for Outpatients	0
6. Therapy	1,043,554
7. Oxygen	1,001
Subtotal - Ancillary Revenue	1,044,555
9. Payments for Education	0
10. Other Governmental Grants	0
11. Nurses Aide Training Reimbursements	0
12. Gift and Coffee Shop	22,502
13. Barber and Beauty Care	28,132
14. Non-Patient Meals	32
15. Telephone, Television, and Radio	7
16. Rental of Facility Space	0
17. Sale of Drugs	239,337
18. Sale of Supplies to Non-Patients	0
19. Laboratory	16,744
20. Radiology and X-Ray	5,158
21. Other Medical Services	53,339
22. Laundry	5,920
Subtotal - Other Operating Revenue	371,171
24. Contributions	0
25. Interest and Other Investments Income	378
Subtotal - Non-Operating Revenue	378
27. Other Revenue (specify):	13,895
28. Other Revenue (specify):	0
Subtotal - Other Revenue	13,895
30. Total Revenue	11,104,149
31. General Services	1,426,801
32. Health Care	4,822,054
33. General Administration	2,400,198
34. Ownership	1,712,911
35. Special Cost Centers	300,977
35. Provider Participation Fee	122,640
37. Other	0
40. Total Expenses	10,785,581
41. Income Before Income Taxes	318,568
42. Income Taxes	0
43. Net Income or Loss for the Year	318,568

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23 Provider Participation fee is linked from page 4